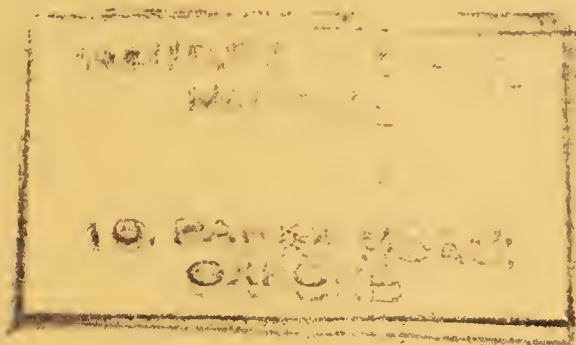


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Worcestershire County Council

EDUCATION COMMITTEE

ANNUAL REPORT

(Forty Second)

on the

SCHOOL HEALTH SERVICE

for the Year 1950

by

WYNDHAM PARKER, M.C., C.B.E.,

M.B., Ch.B. (Edin.), D.P.H. (Lond.)

County and School Medical Officer.

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**Annual Report (Forty-Second) on the
School Health Service
for the year ended 31st December, 1950.**

Mr. Chairman, Ladies and Gentlemen,

The detailed information included in this report has been prepared by my deputy, Dr. Pickup, who has undertaken, on my behalf, the general supervision and control of this service.

It has been possible, with the help of the Education Department, to co-ordinate the School Health Service with the area administration under the National Health Service in both Oldbury Borough and the authorities in the Kidderminster Divisional area. This arrangement allows of the day to day administration being dealt with conveniently and expeditiously; this is important as clinics and officers are commonly shared by both the Education and Health Departments. Recommendations are made as to policy or financial matters, not covered by estimates, to the County Health Committee with regard to Part III functions and similar recommendations on the School Health Service are passed through the appropriate channels to the Education Committee.

These arrangements have operated throughout the year without difficulty of any kind and with, I believe, much advantage to the local officers and the service as a whole.

I regret that it is not possible to record any improvement in the staffing of the School Dental service. This is an unfortunate circumstance which has been the subject of unfavourable comment by individuals and various bodies. The adoption of national scales of salaries for dentists does not at present appear likely to result in any appreciable improvement in this county.

Another rather surprising difficulty is mentioned in the body of the report; this relates to the hospital records of treatment of school children. Prior to the introduction of the National Health Service Act the County Education Authority under the Education Act, 1944, paid for the hospital treatment of school children. All records required were regularly and promptly supplied, no question of abuse of confidence relating to medical history was ever raised or heard of and the detailed information required on the revised medical inspection schedule of the Ministry of Education document, which is a confidential document, could be completed without difficulty. Why this procedure should not continue to be possible seems difficult to understand, but the fact remains that to-day it is not possible to obtain promptly and as a routine procedure the hospital records of school children. If returns cannot be relied upon to provide both accurate and complete records of illness or accident, much of their real value is lost, and it is questionable whether present time and effort expended are justified.

With the exception of an outbreak of poliomyelitis, the general health of the school population in 1950 calls for no particular comment.

As this will be my last report to the Worcestershire Education Authority, I wish to thank the Committee and the officers (including teachers in the schools) for their invariable help, encouragement and kindness over a number of years. I also wish to express my gratitude to the staff of medical officers, dental officers the nursing and clerical staffs and other officers engaged in the School Health Service whose help has always been readily and completely available. Such improvements as have occurred in this county are due to their good team work and personal effort.

Your obedient Servant,

WYNDHAM PARKER,

County School Medical Officer.

County Buildings,

Worcester.

October, 1951.

STAFF

County Medical Officer of Health and School Medical Officer

Wyndham Parker, C.B.E., M.C., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health and School Medical Officer

J. W. Pickup, M.D., M.B., Ch.B., D.P.H.

Senior Administrative Medical Officer, Maternity and Child Welfare Service

Sara C. B. Walker, M.D., M.B., B.S., D.P.H., M.R.C.S.,
L.R.C.P.

*Divisional Area Medical Officers**Kidderminster*

C. Starkie, B.Sc., M.D., M.B., Ch.B., D.P.H., M.R.C.S.,
L.R.C.P.

Oldbury

E. V. Connolly, M.B., B.Ch., D.P.H., B.A.O., L.M.,
D.C.H.

Chief Tuberculosis Officer

R. B. Mayfield, B.A., M.D., M.B., B.Ch., M.R.C.S.,
L.R.C.P., D.P.H.

Assistant Tuberculosis Officers

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

J. N. Macartney, M.B.E., M.D., M.B., B.Ch., B.A.O.,
D.P.H.

Assistant County and School Medical Officers

Eileen Bulmer, M.B., Ch.B.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

Pearl E. Freeman, M.B., Ch.B.

H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.,
D.P.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

F. S. Melville, M.B., Ch.B., D.P.H.

J. J. Murray, M.B., B.Ch., B.A.O., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

Vera Pugh, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P.

E. T. Shennan, M.B., Ch.B., D.P.H.

Carmel Dencer, M.B., B.Ch., D.P.H. (part-time).

Elizabeth E. Henderson, B.A., M.R.C.S., L.R.C.P., M.B.,
Ch.B., D.P.H. (part-time).

Oculists (Part-time)

I. Lloyd Johnstone, M.C., M.D., D.O. (Oxon).

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon.).

C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.).

G. F. G. Siggins, M.R.C.S., L.R.C.P., D.O.M.S.

Medical Director—Worcestershire Child Guidance Clinics

J. J. Graham, M.B., Ch.B., D.P.M.

Psychiatric Social Worker

I. Malcomson, B.A.(Econ.).

Consultant Psychiatrist (Part-time)

May Pearce, M.B., Ch.B., D.P.M.

Chief Dental Officer

B. D. Britten, L.D.S.

Deputy Chief Dental Officer

F. H. Pugh, L.D.S.

Assistant Dental Officers

E. V. Stone-Wigg, L.D.S.

B. N. Watkins, L.D.S.

D. M. Badham, L.D.S. (part-time)

H. Nordan, L.D.S., (part-time)

Chief Clerk

G. P. Cooper

Superintendent Health Visitor

Miss N. Ashton, S.R.N., S.C.M., H.V.Cert.

Senior Health Visitor

Miss J. C. Butler, S.R.N., S.C.M., H.V.Cert.

Superintendent District Nurses and District Nurse Midwives

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

Deputy Superintendent District Nurses and District Nurse Midwives

Miss M. A. Price, S.R.N., S.C.M., H.V., Q.N. (left 31/12/50)

Health Visitors and School Nurses

Miss E. Abbott, S.R.N., S.C.M., H.V.Cert.

Miss E. R. Baird, S.R.N.

Mrs. H. L. Bryan, S.R.N., S.C.M., H.V.Cert.

Miss E. M. Clarke, R.S.C.N., S.C.M.

Miss L. M. Coward, S.R.N., S.C.M., H.V.Cert.

Miss G. N. Dawson, S.R.N., S.C.M.

Miss D. M. Edwards, S.R.N., S.C.M., H.V.Cert.

Mrs. L. K. Flood, S.R.N., S.C.M.

Miss E. M. L. Freestone, S.R.N., S.C.M., H.V.Cert.

Miss H. L. Gaunt, S.R.N., S.C.M.

Miss G. M. Gooding, S.R.N., S.C.M., H.V.Cert.

Miss M. Hill, S.R.N., S.C.M., H.V.Cert.

Miss E. M. Hiscock, S.R.N., S.C.M., H.V.Cert.

Miss M. Hopkins, S.R.N., S.C.M., H.V.Cert.

Miss B. J. Hudson, S.R.N., S.C.M., H.V.Cert.

Mrs. E. Jones, S.R.N., S.C.M., H.V.Cert.

Miss A. Kean, S.R.N., S.C.M., H.V.Cert.

Miss B. M. Lamb, S.R.N., S.C.M., H.V.Cert.

Miss A. Lawson, S.R.N., S.C.M., H.V.Cert.

Miss M. Lowndes, S.R.N., S.C.M., H.V.Cert.

Miss M. M. McCarthy, S.R.N., S.C.M., H.V.Cert.
 Miss E. Nock, S.R.N., S.C.M.
 Miss M. J. O'Grady, S.R.N., S.C.M., H.V.Cert.
 Miss M. I. Robson, S.R.N., S.C.M., H.V.Cert.
 Miss L. N. Rowlands, S.R.N., S.C.R., H.V.Cert.
 Miss M. I. Salt, S.R.N., S.C.M., H.V.Cert.
 Miss M. Sheppard, S.R.N., S.C.M.
 Miss H. Stansfield, S.R.N., S.C.M., H.V.Cert.
 Miss M. J. Thomas, S.R.N., S.R.F.N., S.C.M., H.V.Cert.
 Mrs. M. Urwin, S.R.N., S.C.M., H.V.Cert.
 Mrs. W. C. Wall, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Webster, S.R.N., S.C.M., H.V.Cert.
 Miss O. A. Withers, S.R.N., S.C.M., H.V.Cert.

Dental Attendants

Miss A. Clissold.
 Miss V. A. Evans.
 Miss L. M. Fox.
 Miss F. R. Pagett.
 Mrs. G. Shepherd.
 Miss A. Smith.

Orthopædic After Care Staff

Miss O. M. Woods.
 Mrs. K. J. Johnson.

Speech Therapists

Miss D. M. Edwards.
 Miss J. M. Allen.

Summary of Staff

	Number	Aggregate staff in terms of the equivalent number of whole-time officers
(a) Medical Officers:		
(i) whole-time School Health Service		
(ii) whole-time School Health and Local Health Services	15	5 1/6
(iii) general practitioners work- ing part-time in the School Health Service	1	4/11
(b) Dental Officers	6	4 6/11
(c) Physiotherapists, S p e e c h Therapists, etc.:		
Physiotherapists	2	1
Speech Therapists	2	2
(d) (i) School Nurses	31	13
(ii) District Nurses	45	3
(e) Nursing Assistants	2	2
(f) Dental Attendants	6	4 6/11

STATISTICS 1950

Area of Administrative County (acres)	...	...	438,221
Population Mid-1950 (Registrar-General's Estimate)	...	...	401,810
Value of 1d. rate	...	...	£7,839
School Population	...	...	53,443

County of Worcester

	Schools	Boys	Girls
Nursery	1	20	19
Primary	257	18,292	15,077
Secondary Modern	18	3,635	3,529
Secondary Grammar	10	2,285	2,151
Secondary Technical	3	208	153
	<hr/> 289 <hr/>	<hr/> 24,440 <hr/>	<hr/> 20,929 <hr/>

Borough of Oldbury

	Schools	Boys	Girls
Nursery	—	—	—
Primary	18	2,719	2,582
Secondary Modern	5	1,016	1,062
Secondary Grammar	1	262	298
Secondary Technical	1	82	53
	<hr/> 25 <hr/>	<hr/> 4,079 <hr/>	<hr/> 3,995 <hr/>

SCHOOL CLINICS

- (a) Number of School Clinics provided for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools 16

- (b) Type of examination and/or treatment provided at the School Clinics:—

Examination and/or treatment	Number of School Clinics (i.e. premises) where such treatment is provided:—	
	directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment	16	
B. Dental	13	
C. Ophthalmic	14	
D. Ear, Nose and Throat...	1	
E. Orthopædic	1	2
F. Pædiatric	—	
G. Speech Therapy	6	
H. Others—		
Ultra Violet Light	3	

(c) List of School Clinics:—

Name	Address	Held on	Medical Officer	Remarks
Halesowen	Tenter Street School	Fridays at 10 a.m.	Dr. E. M. Bulmer	
Rubery	St. Chad's Church Room	1st and 3rd Thursdays at 9-30 a.m.	Dr. E. Patterson	This Clinic is held in conjunction with the Ante Natal Clinic
Newtown	Sydenham Villa, Newtown Rd., Maivern	Every Friday morning at 9 a.m. Mon. and Wed. mornings at 9 a.m.	Dr. H. F. Green	Nurses session only
Bromsgrove	Recreation Rd., Bromsgrove	Wednesday at 9-30 a.m.	Dr. V. Pugh	
Catshill	Baptist Chapel, Catshill	Friday at 2 p.m. Nurses session, Friday 9-30 to 10-30 a.m.	Dr. V. Pugh	This Clinic is held in conjunction with the Infant Welfare Centre
Redditch	The Old Vicarage, Redditch	Every Thursday at 11-30 a.m. Nurses session, Thursdays at 10 a.m.	Dr. E. E. Henderson	
Droitwich	Baptist School Rooms	Tuesdays at 2 p.m.	Dr. M. C. Fell	This Clinic is held in conjunction with the Infant Welfare Centre
Evesham	The Clinic, Avonside Hospital, Evesham	Every Friday at 10 a.m. Nurses session Tuesdays 9-15-9-45 a.m.	Dr. J. J. Murray	
Blackheath	Long Lane Chapel, Blackheath	Monday at 10 a.m.	Dr. M. M. Meikle	
Cradley	Colley Lane, Cradley, Staffs.	Fridays at 9-30 a.m.	Dr. M. M. Meikle	
Lye	Orchard Lane School, Lye Stourbridge	Every Friday at 11-30 a.m. Nurses session Mondays, Wednesdays Fridays at 10 a.m.	Dr. F. S. Melville	
Stourbridge	Back of No. 11 Hagley Road, Stourbridge	Every Friday at 9-30 a.m. Nurses session Mondays at 10 a.m.	Dr. F. S. Melville	
<i>Kidderminster Area</i>				
Kidderminster	Coventry St., Kidderminster	Thursdays at 10 a.m. Nurses session daily at 9 a.m.	Dr. C. Starkie	

(Structural alterations completed and the premises, opened on April 20th, have proved to be very suitable and convenient)

Oldbury Area

Name	Address	Held on	Medical Officer	Remarks
1. Warley	Bleak House Road	Monday-Friday at 9 a.m.	Dr. P. E. Freeman	
2. The Hollies	Joinings Bank, Langley	Monday-Friday at 9 a.m.	Dr. E. V. Connolly	
3. Rounds Green	Rounds Green	Monday-Friday at 9 a.m.	Dr. P. E. Freeman	

CHILD GUIDANCE CENTRES

(a) Number of Child Guidance Centres 4

(b) Staff of Centres:—

	Number	Aggregate in terms of the equivalent number of wholtime officers
Psychiatrists*	I	I
Educational Psychologists ...	I	I
Psychiatric Social Workers...	I	I
Others—Social Worker ...	I	I/4

* The services of the Psychiatrist are made available by arrangement with the Regional Hospital Board.

CO-ORDINATION

The arrangements for the excellent co-ordination and continued co-operation between members of the public health staff concerned with the School Health Service and head teachers, teachers, the staff of the Education Department and general practitioners, has continued as in previous years.

Following numerous representations regarding the information made available from hospitals concerning school children referred to them for in-patient and out-patient treatment there has been some improvement but the present arrangements still do not provide sufficient information to ensure either an adequate follow-up service or complete medical records for school children. After a further year's experience of the effect of the National Health Service Act, 1946, on the School Health Service it would seem that the service is tending to become more than ever an inspection service and that the only method to ensure that various forms of necessary treatment are effected is by ever closer co-operation with the family doctor.

SCHOOL HYGIENE

Minor improvements have been effected in the heating, water supply and sanitary conveniences in some of the schools. It is hoped to carry out a survey of the sanitary conditions of all schools in the immediate future with particular attention to the deficiencies of many small rural schools.

The managers of nine schools have made application for the schools to be granted controlled status under Section 15 of the Education Act, 1944, and in these cases it is hoped to effect the necessary improvements.

Medical Inspections

The new medical record cards are now in use for children born since September 1947, and there only remain seven years before these cards will be in use for all school children.

Medical inspections are carried out as required by the Ministry of Education as follows:—

Entrants—All entrants attending a maintained school for the first time, who are inspected as soon as possible after admission.

Intermediates—All children of 10—11 years age group at primary schools.

Leavers—All children of 14 years age group and, at grammar schools, 15 years age group.

Although the Minister has agreed that the 8 years old group might be included, staff limitations made it impossible to examine any children in this age group.

All “ special ” cases and re-inspections are seen as and when required, and any transferred child from the area of another authority as soon as possible after admission to school.

The arrangements for medical inspection, medical records, and correspondence in the divisional health areas of Oldbury and Kidderminster are dealt with in the Divisional Offices.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1950. . . .

Table I.

Medical Inspection of Pupils attending maintained Primary and Secondary Schools (including special schools)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	...	...	5,386
Second Age Group	...	...	...	...	...	...	4,267
Third Age Group	...	...	...	...	...	...	3,898
				Total	...	...	13,551
Number of other Periodic Inspections			...	...	...	...	1,857
				Grand Total		...	15,408

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	8,971
Number of Re-Inspections	...	...	...	...	8,239
Total					17,210

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants ...	47	900	896
Second Age Group ...	267	558	783
Third Age Group ...	275	498	730
Total (prescribed groups)	589	1,956	2,409
Other Periodic Inspections	96	258	342
Grand Total ...	685	2,214	2,751

Table II.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4.	Skin	147	67	197	12
5.	Eyes— <i>a.</i> Vision	685	283	298	52
	<i>b.</i> Squint	181	44	39	11
	<i>c.</i> Other	62	34	26	8
6.	Ears— <i>a.</i> Hearing	44	72	45	34
	<i>b.</i> Otitis Media....	32	64	23	33
	<i>c.</i> Other	27	35	22	5
7.	Nose or Throat	573	1067	395	434
8.	Speech	44	90	39	22
9.	Cervical Glands	49	463	23	150
10.	Heart and Circulation	12	140	13	53
11.	Lungs	64	220	88	101
12.	Developmental—				
	<i>a.</i> Hernia	19	27	7	4
	<i>b.</i> Other	19	54		20
13.	Orthopædic—				
	<i>a.</i> Posture	113	53	14	13
	<i>b.</i> Flat Foot	231	110	50	32
	<i>c.</i> Other	235	167	115	44
14.	Nervous system—				
	<i>a.</i> Epilepsy	5	10	7	9
	<i>b.</i> Other	18	62	39	32
15.	Psychological—				
	<i>a.</i> Development....	14	97	73	58
	<i>b.</i> Stability	18	36	25	19
16.	Other	339	437	438	323

Nutrition

The following Table gives the classification of the general condition of pupils inspected during the year in the age groups.

Age Groups	No. of Pupils Inspected	A—(Good)		B—(Fair)		C—(Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
1	2	3	4	5	6	7	8
Entrants ...	5386	2340	43.44	2944	54.66	102	1.90
Second Age Group	4267	1546	36.23	2639	61.85	82	1.92
Third Age Group	3898	1600	41.05	2219	56.92	79	2.03
Other Periodic Inspections ...	1857	859	46.26	948	51.05	50	2.69
Total ... (1949)	15408 (17373)	6345 (6213)	41.18 (35.8)	8750 (10565)	56.79 (60.8)	313 (595)	2.03 (3.4)

The standard continues to be satisfactory. In comparison with the figures for last year it will be seen that there is an increase in the percentage of children classified in Group A (good) from 35.8 to 41.18 and that there is a slight decrease in those classified in Group B (fair) whilst there is an appreciable drop in those classified in Group C (poor) from 3.4 to 2.03.

This classification of nutrition has always been a difficult assessment for medical officers to make and it has been difficult to obtain a uniform standard of assessment by all medical officers. The general inference from the statistics given above would indicate that there is a slight improvement in the nutrition of the school children generally throughout the county.

Visual Defects and External Eye Disease

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	357	33
Errors of Refraction (including squint)	2,400	133
Total	2,757	166

Number of pupils for whom spectacles were

(a) Prescribed	1,437	54
(b) Obtained	1,514	51

It will be remembered that in my report last year, attention was drawn to the long delay in the provision of spectacles after the children had been examined by an oculist but I am happy to

state that there has been no excessive delay during the past year and the longest period of waiting has been about three weeks.

The co-operation between the School Health Service and the Worcestershire Executive Council has been very satisfactory in all branches and particularly so with regard to the ophthalmic service.

On the 24th October 1950, Guy Siggins, Esq., M.R.C.S., L.R.C.P., D.O.M.S., agreed to undertake duties as an oculist for the School Health Service under the Birmingham Regional Hospital Board and this has reduced considerably the time for school children waiting for an examination by an eye specialist.

Cleanliness

(i) Total number of examinations in the schools by the school nurse or other authorised persons	...	...	149,436
(ii) Total number of individual pupils found to be infested	...	...	2,514
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	146
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	46

It is interesting to note that in comparison with last year the number of pupils in respect of whom cleansing orders were issued has dropped from 139 to 46.

Diseases of the Skin (excluding uncleanliness)

					Number of cases treated or under treatment during the year	
					by the Authority	otherwise
Ringworm— (i) Scalp	...	...		7	—
(ii) Body	...	...		24	8
Scabies	...	...	...	20	3
Impetigo	...	...	...	101	4
Other skin diseases	...	...		395	213
					<hr/>	<hr/>
Total					547	228

Ear, Nose and Throat Defects

	Number of cases dealt with	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear ...	—	22
(b) for adenoids and chronic tonsilitis	—	539
(c) for other nose and throat conditions	—	2
Received other forms of treatment (at minor ailments clinic)	165	54
Total	<u>165</u>	<u>617</u>

This is one of the sections of the School Health Service where the statistics available are not in any way a true record of the treatment. It is perhaps with regard to tonsils and adenoids operations that the greatest difficulty has been experienced in securing the notification of discharge from hospital in order that there is satisfactory following-up by the school nurse or health visitor.

During the course of the year there was some reduction in the length of the waiting lists of tonsils and adenoids cases. It is hoped to make arrangements for the present waiting lists to be reviewed by calling up all patients for a further examination by an ear, nose and throat specialist to ascertain if the operation is still necessary.

Following the introduction of the " Medresco " type of hearing aid, the cost for servicing and replacing hearing aids already supplied by the Local Education Authority to school children before the introduction of the National Health Service Act has decreased considerably and it is hoped that this small item of expenditure will shortly cease to be incurred.

ORTHOPÆDIC DEFECTS

	By the Authority	Otherwise
(a) Number treated as in-patients in hospitals	complete records not available	
(b) Number treated otherwise e.g. in clinics or out-patient departments	complete records not available	

As was noted in my last annual report, since the orthopædic service passed to the control of the Regional Hospital Board there has not been the same detailed information available regarding

cases receiving treatment. It has now been decided that the treatment carried out by physiotherapists is a specialist treatment and as such is the responsibility of the Regional Hospital Board.

Miss O. M. Woods, the County Orthopædic After-Care Sister, and her assistant, Mrs. K. Johnson, who continue to attend the Clinics held at the Worcester Royal Infirmary and Kidderminster General Hospital, have supplied the following information:—

	No. of Clinic Cases	No. of Visits	No. of non- Clinic Cases	No. of Visits
School Children ...	159	629	498	839

Miss Woods attended at 16 schools to examine and advise on all the children for postural defects, etc., and special cases at 64 schools.

At Malvern, Miss Jenkins, Educational Gymnast with Remedial Exercises and Physiotherapy Certificate (who is on the staff of the Education Department) held classes fortnightly for postural correction. The children are referred to this Clinic by the Assistant School Medical Officers and also by Miss Woods who selects suitable children when visiting the schools in the district. This entails visits to parents to obtain their consent and co-operation. Miss Jenkins is in close touch with Miss Woods and consults her, as required, when alteration to shoes is required or attendances and discharge from the classes are necessary; this is a very satisfactory arrangement and the resulting improvement well worth the work involved.

The After-Care Clinic at Evesham continued to be held once a month and was attended by Miss Woods.

A foot and footwear survey of 1,000 school children between the ages of 5 and 15 in the Kidderminster Divisional Area was undertaken by Mrs. K. Johnson (see report by Dr. Starkie, appended).

The County Orthopædic scheme was established twenty-five years ago in close conjunction with the voluntary orthopædic hospitals. Prevention of crippling, as well as after-care, was one of the main objects in view.

The association of the orthopædic nurses on the County staff with the Regional Hospital Board's specialist orthopædic service has continued; this is, I believe, of advantage to the patients as well as the two other parties concerned.

Minor Ailments

				Number of cases treated	
				by the Authority	Otherwise
(a)	Miscellaneous Minor ailments	...		1,877	12
(b)	Other—				
1.	Appendicectomy	...	...	—	16
2.	Herniotomy	...	...	—	6
3.	Lung conditions	...	...	—	24
4.	Others	...	...	—	201
				—	—
Total				1,877	259
				—	—

In view of the fact that many children now attend at their family doctor's surgery for the treatment of minor ailments it would be wrong to draw any conclusions from the statistics available regarding the incidence of defects and diseases in children attending minor ailments clinics.

REPORT OF MR. B. D. BRITTEN, L.D.S.—CHIEF DENTAL OFFICER

The decline in the staffing position of the School Dental Service reported last year has been continued in 1950. Miss M. R. Lindsay resigned in April in order to get married, and Mr. H. G. Fisher who, for many years has been doing part-time dental work in Redditch, found himself forced to give up the work owing to greatly increased demands on his time in his private practice. Realising the almost hopeless position into which the dental service was drifting, the County Council approved a higher scale for dental officers in the hope of obtaining replies to advertisements. This was not fulfilled and on no occasion was an application received. The result has been that, save for emergency dental treatment, two further areas of the County, Malvern and Redditch, have been deprived of a school dental service.

The re-distribution of areas and the increased allocation of patients to each dental officer which was reported last year has had a mixed effect on the school dental service in those areas which are now covered. The dental officers are finding it impossible to get round their areas as frequently as before and consequently the condition of the children's teeth is so much the worse when they are ultimately inspected. Teeth which have decayed since the previous inspection have now decayed so far that a simple filling has degenerated into a complex one which takes considerably longer to

do, so that a vicious circle is being set up. It is becoming obvious that unless further staff is obtained to relieve the pressure, preservation of the teeth will become less and less possible and extraction will become the order of the day. This is already beginning to manifest itself in the treatment figures, treatment sessions compared with last year declining by 38% owing to resignations in the staff and to an unusually high sickness ratio. At the same time the number of fillings show a decline of 43% whilst the extraction figures have only fallen by 29%. Requests for emergency treatment for toothache from all the areas are increasing and the attention to these cases is further delaying the routine inspection and treatment which is the proper duty of the dental officer.

Towards the end of the year the services of a part-time dental officer were secured in Oldbury and limited routine and emergency treatment is now being carried out there.

The dental officer for Stourbridge was successful in obtaining his Diploma in Dental Orthopædics (orthodontics) and took up his duties again in Stourbridge in May. The Committee decided to acknowledge his specialist Diploma by an additional remuneration and by promoting him to the status of Divisional Dental Officer.

Though the figures in Table B show a decrease in every respect on those of last year, the amount of work done by each dental officer in the most difficult circumstances has been excellent.

Once again I wish to record my thanks to all those who have helped me to keep the wheels turning.

B. D. BRITTEN,

Chief Dental Officer.

Dental Inspection and Treatment 1950

(1) Number of pupils inspected by the Authority's Officers:—

(a) Periodic age groups	...	...	...	...	18,701
(b) Specials	...	...	...	...	790
				Total (1)	19,491

(2) Number found to require treatment	12,085
(3) Number referred for treatment	10,249
(4) Number actually treated	8,182
(5) Attendances made by pupils for treatment	11,069
(6) Half-days devoted to: Inspection	158½
Treatment	1,355½
Total (6) ...	1,514
(7) Fillings: Permanent Teeth	5,988
Temporary Teeth	141
Total (7) ...	6,129
(8) Number of teeth filled: Permanent Teeth	5,699
Temporary Teeth	141
Total (8) ...	5,840
(9) Extractions: Permanent Teeth	1,094
Temporary Teeth	11,236
Total (9) ...	12,330
(10) Administration of general anaesthetics for extraction	1,818
(11) Other operations: Permanent Teeth	846
Temporary Teeth	296
Total (11) ...	1,142

HEART DISEASE AND RHEUMATISM

The almost complete absence of heart disease associated with rheumatism which has continued during the past year is remarkable. It would seem that there has also been a decrease in the virulence of the type of organism associated with this condition and also with that what is probably the associate causal germ of scarlet fever.

TUBERCULOSIS

Dr. R. B. Mayfield, Chest Physician to the Birmingham Regional Hospital Board and Tuberculosis Officer to the Local Authority has contributed the following summary:—

Separate figures are not available for school children examined because they were contacts of known cases, nor are they included in Table III. It can be stated, however, that a total of 357 child contacts of all ages were examined, and five of these were found to be suffering from tuberculosis, all respiratory cases.

Treatment

There have been no changes this year in the arrangements for treatment. More in-patient accommodation is still needed for respiratory cases, but the shortage of beds is not so great as for adult patients.

Prevention

A start has been made with B.C.G. inoculation. All child contacts who come to the clinics are Mantoux tested, and B.C.G. is offered, as a routine, to negative reactors. 108 Worcestershire children were so inoculated during the year (including pre-school children). This is not a large number, but it represents many hundreds of Mantoux tests, both on the inoculated children and those of the contacts who reacted positively and were therefore unsuitable for B.C.G.

The isolation of Mantoux negative reactors from known sources of infection during the six weeks before and the six weeks after the inoculation has presented difficulties in a few cases, but has not proved to be a serious problem. Many parents are able to arrange for their children to stay for a while with relatives or friends, others have had accommodation found for them by the Children's Department, and others have been admitted to the Open Air School. There is no doubt that the best solution to this problem would be to admit the infectious case forthwith to a sanatorium, and thus safeguard the rest of the family as well, but it is likely to be a long time before this is possible.

If, as is generally held in other countries, B.C.G. really does afford a substantial degree of protection, the time has surely come when its extension to the whole child population should be seriously considered. A high proportion of the children notified each year are not contacts of known cases, and, under the present National Scheme, these cases will continue to occur without even having had a chance of receiving such protection as B.C.G. provides.

INFECTIOUS DISEASES

The incidence of infectious diseases has been of note because of the outbreak of acute poliomyelitis; otherwise there was nothing exceptional.

This disease is classified as paralytic and non-paralytic. Whilst little is known of the method of spread of this disease it is infectious and it is probable that quite a large number of persons have a mild attack and make an uninterrupted recovery though it may

be possible that during the illness they are a source of spread of this disease, or they may even after recovery remain carriers for an unknown period of days or weeks.

Acute poliomyelitis is due to a "virus" infection, that is, an organism which is so small that it is not observable by the usual visual methods of bacteriology and is capable of passing through the pores of a porcelain filter.

The method of spread of virus infections is not clearly known and therefore the measures to be adopted to try to control the spread of this disease are somewhat hypothetical, though if the standards of hygiene and care associated with the nursing of influenza and typhoid fever are followed, this seems to be the most promising line of approach to this preventive problem in the present state of our knowledge.

It is now well known that tired children seem to be more susceptible to this infection. During an outbreak excessive physical strain should be avoided and adequate hours of sleep and rest secured.

The disease has been termed infantile paralysis but it will be seen from the following table that whilst the pre-school child and school child make up a large proportion of the cases, there are cases outside these age groups.

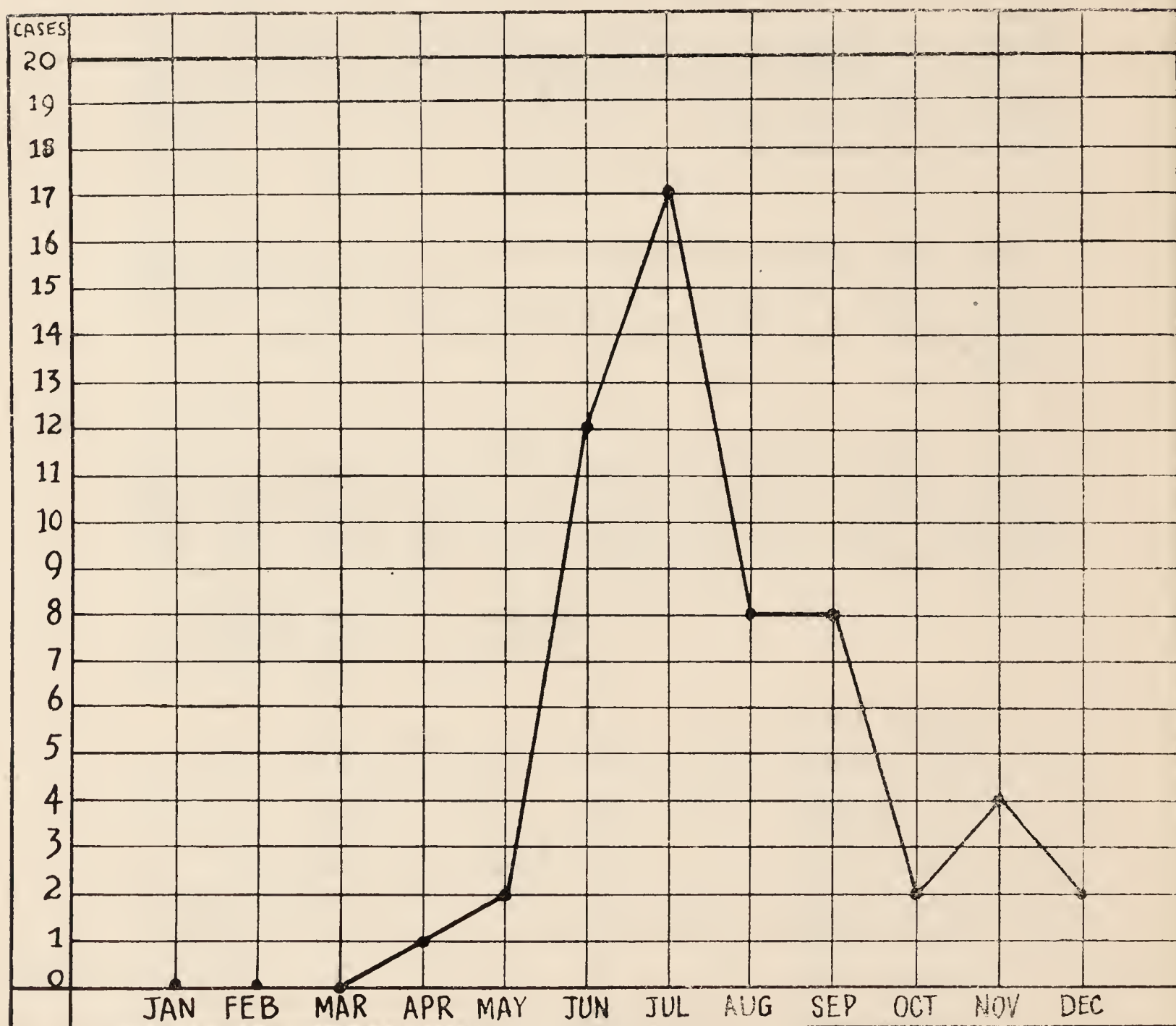
			Paralytic		Non-Paralytic	
			M.	F.	M.	F.
Under 1 year	...	4	2	2	1	
1—2 years	...	18	11	1	1	
3—4 years	...	14	8	3	7	
5—9 years	...	12	12	8	4	
10—14 years	...	4	8	—	—	
15—24 years	...	5	5	3	—	
25 and over	...	6	9	1	5	
			—	—	—	—
			63	55	18	18
			—	—	—	—

Commencing at the beginning of June, the incidence reached its peak at the beginning of July, decreasing irregularly until only odd cases were notified during November.

Immunisation against diphtheria was suspended during the outbreak of acute poliomyelitis but it is hoped during the late autumn, winter and early months of spring to intensify the campaign and to immunise all those children whose parents were advised to wait until the poliomyelitis outbreak had subsided. It is essential that the percentage of the child population immunised should be maintained as high as possible both with primary immunisations and the "booster" injection at five years and ten years of age.

POLIOMYELITIS NOTIFICATIONS 1950

Ages 5 to 14 years.



WEST MALVERN RESIDENTIAL OPEN AIR SCHOOL

The following report has been given by the Director of Education:—

Work at the school has continued successfully during 1950.

The total number of children admitted during the three terms of the year was 325 (156 boys and 169 girls). Of these, 268 came from the administrative county (including Oldbury), 55 from Dudley, 1 from the City of Worcester and 1 from Devon. 24 boys and 12 girls remained at the school for more than one term.

On the 1st July 1950, Dr. J. W. E. Webster took up duties as medical officer in place of Dr. Robina McMenemey who has now left the district.

There is nothing of special note to report about the health of the children during the year. There has been no serious illness of any kind, and individual children have continued to benefit greatly from the fresh air, good food and carefully regulated periods of rest and exercise.

As usual the whole staff have co-operated to make the stay of the children happy as well as healthful. This has certainly been achieved in spite of the rather poor weather in 1950, and the truly wretched winter of early 1951.

During the year, the school had visits from members of the County Council and the Education Committee and a visiting day was held each term for parents.

The Education Committee in consultation with the managers have recently approved certain rearrangements and changes in organisation which have been carried out on an experimental basis. These will be described in more detail in next year's report.

PHYSICAL TRAINING

The Director of Education has supplied the following report prepared by his advisory officers, Miss M. E. Hodgkinson and Mr. R. A. Young:—

During the year the Advisory Staff for Physical Education was brought up to full strength, that is, two women and two men.

In the schools there has been an increase in the number of teachers specially qualified in physical education. Most of these additional teachers have been appointed to modern schools with equipped gymnasias. Apart from these additions, there have been few changes among the specialist teachers. The continuity of the work has thus been ensured, with the resultant beneficial effects on the children.

Teachers' courses continue to be the most useful means of acquainting teachers with modern developments in physical education. Courses for non-specialists were held at Evesham, Stourbridge and Malvern, and a one-day course for specialists in athletics was held at Bromsgrove.

As a result of experiments carried out in 1949, it was decided to install tubular metal climbing apparatus in certain schools. This apparatus has proved to be of great value in assisting the development of the child through natural activities.

Hygiene and Social Training

During the year arrangements have been made in the Secondary Schools to allow the practical application of hygienic principles. Clothing for physical education has now been supplied to all children in the Modern Schools and specially ventilated lockers with individual compartments for the storage of this clothing are being provided. Individual towels for use after showering are supplied where necessary and as finances permit. This has resulted in an increase in the number of children taking showers regularly after exercise.

In the Spring term a survey was made on the provision of sanitary bins and the disposal of sanitary towels in senior girls' schools. To meet the requirements of these schools 200 sanitary bins were purchased and distributed to the schools. Sanitary towel machines were installed in a limited number of schools, and where this method of supply was impracticable, other satisfactory arrangements were made for the girls. Where necessary, incinerators were provided for the disposal of soiled towels.

In one area only has there been any prevalence of verrucæ, with the result that bare-foot work was abandoned temporarily in gymnastics and dancing. Bare-foot work is essential in the development of suppleness of the feet and sensitivity of movement. All precautions to prevent the spread of verrucæ should, therefore, be taken.

Organised Games

The number of schools which have the use of fields for organised games continues to increase. Now that the Education Committee has its own direct labour scheme for the maintenance of playing fields, an improvement in the quality of these pitches is anticipated. The effectiveness of games coaching will increase with these improved conditions. As the sites for new schools become available they are used temporarily as playing fields by the schools in the surrounding districts.

Swimming

A full programme of swimming instruction for schools was carried out at the baths in Stourbridge, Kidderminster, Redditch, Malvern, Evesham, Droitwich and Kempsey and, where necessary,

transport was provided for schools in outlying districts. Some schools in the north of the county used baths in Birmingham. The large number of proficiency badges gained (1,406 in all) shows the value of the instruction given. Programmes were, however, seriously affected in some areas by the outbreaks of infantile paralysis.

Camping

For some time it has been felt that a central camp to which schools could send senior pupils would be a valuable addition to the educational facilities available in the county. Such a camp was started in 1950 and sited at Court Farm, Hindlip. It ran for four weeks and altogether eight schools from urban areas were able to send small parties of boys for one week each. The boys were not only able to enjoy the normal benefits of camping and communal life, but also carried out various environmental studies. In 1951, it is intended to extend these facilities to senior girls.

MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

The following information has been supplied by the Director of Education:—

A Day in October, 1950.

MEALS—

Dinners—Free	...	...	...	...	2,495
On Payment	...	...	...	...	23,884
Breakfasts	...	...	...	...	73
Teas	...	...	...	...	73
Number of Departments having meals	...	...	...	...	300
Number of Departments not having meals	...	...	...	...	15

MILK—

Number of children who receive $\frac{1}{3}$ pint	...	40,600
Number of children who receive $\frac{2}{3}$ pint	...	37

*All Schools in County receive a supply of milk, except those given below.

Number of pupils in Primary and Secondary Schools	...	...	...	...	48,494
Number of pupils in Nursery Schools	...	...	...	...	37

All figures include *Excepted District of Oldbury*

*Deliveries of milk to:—

Stoke Bliss and Kyre C.E. School
Bockleton C.E. School
Clifton-on-Teme County Primary School
Eldersfield Lawn C.E. School

have been temporarily suspended owing to transport difficulties.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES

Full co-operation between all officials concerned with school attendance has continued. As in previous years the officers of the N.S.P.C.C., Inspector C. H. Ehlert, Inspector G. S. Hammer and the late Inspector Budd and Inspector Amlot of Worcester, Stourbridge and Kidderminster areas respectively have given most able and willing assistance.

With regard to those few families where the health and social services are constantly required to remove or ameliorate conditions which might tend to cause moral, spiritual or physical ill effects on the children, supervision has been vigilant and home visits regular. In many of these families the mother or the father or both are sometimes educationally sub-normal and in the majority of instances these families are suffering from the ill effects of overcrowded or other unsatisfactory housing conditions.

HANDICAPPED PUPILS

The ascertainment of handicapped pupils in accordance with Section 34 of the Education Act, 1944, was continued and special educational treatment, as prescribed by the Handicapped Pupils and School Health Service Regulations, 1945, was arranged.

In general less difficulty was experienced in obtaining suitable vacancies at residential special schools than in previous years.

Information was received in the late summer from the Special Schools Standing Conferences of West Midland Education Authorities that the former Teachers' Training College at Exhall, near Coventry, had been converted for use as a special residential school for partially sighted children from the West Midlands Region, under the control of the Warwickshire Education Committee.

Advantage has already been taken of this additional special residential school.

There has been an appreciable increase in the cost of maintenance at the majority of special schools and the average cost per pupil was approximately £256 per annum and the average increase £47 per annum. It is interesting to know that the increased ascertainment of these handicapped pupils has been proceeding most energetically. All handicapped pupils over two years of age were visited regularly every twelve months and reports obtained upon progress or otherwise in order that any necessary modifications or additions to treatment or methods of education can be made.

Building operations have commenced on the adaptations and extensions at Rhydd Court and it is hoped that this school will be open next year for the admission of 60 boys who have been ascertained as educationally sub-normal.

The following is a return of handicapped pupils requiring education in special schools or boarding in homes as at 31st December 1950:—

	Blind Partially sighted		Deaf Partially Deaf		Delicate Physically Handicapped		Educationally Sub-normal Maladjusted		Epileptic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec.:—										
A—Handicapped pupils newly placed in Special Schools or Homes	3	1	4	2	1	7	8	1	...	27
B—Handicapped pupils newly ascertained as requiring education at Special Schools or boarding in Homes	3	5	1	2	3	15	33	3	3	68
On or about Dec. 1st:—										
C—Number of Handicapped pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils	...	2	...	1	...	1	19	...	...	23
(b) Boarding Pupils	15	1	22	7	1	9	26	...	1	82
(ii) Boarded in Homes	...	...	...	...	...	...	...	...	...	...
(iii) attending independent schools under arrangements made by the Authority	...	1	...	...	...	1	3	4	...	9
Total (C)	15	4	22	8	1	11	48	4	1	114
D—Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944										
(a) In hospitals	...	...	...	...	...	...	...	...	...	...
(b) Elsewhere	...	...	...	...	...	3	1	...	...	4
E—Number of Handicapped pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	1	1	4	6	1	24	160	1	1	199

Number of children reported during the year:—

(a) under Section 57(3) (excluding any returned under (b))	...	31
(b) under Section 57 relying on Section 57(4)	...	—
(c) under Section 57(5)	...	14

of the Education Act, 1944.

In September 1950, the Ministry of Education issued a Manual of Guidance dealing with the conditions on which the Minister was prepared to approve an authority's arrangements for the education of handicapped children and young persons in independent schools. This Manual of Guidance was issued because of the growing tendency for authorities to supplement the provisions at present available in special schools by taking up places for individual pupils at independent schools receiving various categories of handicapped pupils, payment being made by means of assistance to the school under Section 9(1) of the Education Act, 1944.

Briefly the general conditions relating to the admission of handicapped pupils to independent schools are as follows:—

- (i) Unless there are special circumstances, a place should only be taken up at an independent school when no suitable place can be found in a special school;
- (ii) The Authority will be responsible for satisfying itself that the school chosen is suitable for the pupil concerned, will arrange in such a manner as it thinks suitable for his medical examination at least once a year, and for periodical visits to the school in order to see that he is benefiting from the special educational treatment provided.
- (iii) The fees payable will be reasonable, having regard to the special educational treatment required and to the cost of obtaining similar treatment at a special school.

In order that there shall be no abuse of these arrangements the prior approval of the Education Children's Care Sub-Committee, was obtained before taking up any places in independent schools. The following table shows the independent schools being assisted under Section 9(1) of the Education Act, 1944, in respect of handicapped pupils on the 29th January 1951:—

Name and Address of School	State whether for Boys, Girls or both	Number of pupils whose fees are being paid in whole or part by the L.E.A.	Category of handicap of pupils in col. 3	Age range of pupils in col. 3	Annual rate of payment by L.E.A. per pupil
1	2	3	4	5	6
St. Thomas More's Special School Fallapitt House, East Allington, South Devon	Boys Girls	3	2 E.S.N. 1 Malad-justed	10-12	£200
Rutland Lodge, Ledbury, Hereford	Boys	2	1 E.S.N. 1 Ph. Handi-capped	10-12	£200
Wennington School, Wetherby, Yorks....	Boys Girls	1	Malad-justed	12	£219
Ledstone Hall, nr. Leeds	Boys Girls	1	Malad-justed	14 $\frac{3}{4}$	£250
The Hollins, Harrogate	Boys	1	Malad-justed	12	£208
Wynstones, nr. Gloucester	Boys Girls	1	Partially sighted	10	£60

CONVALESCENCE

School children continued to receive recuperative convalescence under Section 48(3) of the Education Act, 1944. The number of recommendations for convalescence still increased, and vacancies were obtained at the following homes:—

Highcliffe Castle Convalescent Home, near Bournemouth	14
The Home for Invalid Children, Hove	15
North Devon Children's Convalescent Home...	21
St. Joseph's, Freshfield, near Southport ...	1
Hawkenbury School of Recovery, Tunbridge Wells	1
Hapstead House, Buckfastleigh	1
St. Patrick's Open Air School, South Hayling	1
Seabright House Convalescent Home.	
St. Anne's-on-Sea	1
Charnwood Forest Convalescent Home, Woodhouse Eaves	1
Craig Convalescent Home for Children, Morecambe	1
Lloyd Kimpton Convalescent Home, Budleigh Salterton	1

As will be seen from these figures the efforts to reduce the number of convalescent homes to which children were sent were successful, and three convalescent homes in the South of England received the majority of cases. This resulted in a considerable saving in escort charges, and on most occasions three children were admitted and three children discharged at the same time.

No children are sent to convalescent homes until a report upon the convalescent home has been received from the Medical Officer of Health for the area in which it is situated stating that in his opinion the home is a fit place to which children can be sent. In addition many of these homes have been visited by officers of the County Council.

Cases are sent to homes not only on the recommendation of the Assistant School Medical Officers but also on the recommendation of general practitioners and specialists at hospitals. Any child requiring convalescence involving treatment is dealt with by the Regional Hospital Board.

As a routine, discharge reports are obtained from the convalescent homes. These reports showed that in the majority of cases the children had gained in weight and all appeared to have derived benefit from their convalescent treatment.

SPEECH THERAPY

Miss M. Edwards, the Senior Speech Therapist has submitted the following report:—

Miss J. M. Allen was appointed as Assistant Speech Therapist by the Education Committee in July, 1950. She began work in September, and for the first month attended speech clinics which were already established.

In October, however, two new clinics were started, one at Cradley and one at Worcester.

The clinic at Cradley makes provision for children in the Halesowen and Stourbridge areas, but unfortunately, owing to the long waiting list in this district the service is by no means adequate.

The second clinic at Worcester provides for children in the rural areas surrounding the city. Most of these children are referred by the medical staff of the Royal Infirmary. As many of them live in outlying districts, Worcester is an easily accessible place for them to attend for treatment.

For the same reason a half-day clinic has been started in Pershore. This is really a satellite of the Evesham Clinic. Transport difficulties make it impossible for many of the children to get to Evesham and so, rather than spend a whole day in Evesham it

was considered advisable to hold one three-hours session in each place. The Headmaster of the Secondary Modern School has kindly allowed the use of the school medical room each week, and up to date this has proved to be a very satisfactory arrangement.

The waiting list still remains discomfortingly long and we are always faced with the problem of selecting children for the infrequent vacancies which occur. Unfortunately in this type of work it is not possible to work straight through a waiting list. Each case has to be considered individually, and it may very well happen that a child who has been on the waiting list only a short time will be seen before one who has been waiting for months. Intelligence, home conditions, severity of defect and the question as to whether the child will fit into a certain group, are all factors which must be considered. It is these which account for the difference in numbers attending the various clinics. Some children must of necessity be seen individually and this naturally lessens the case load at the clinic. Most of the children who attend would benefit by more frequent treatment but at present this is not possible. It is hoped that when there are more speech therapists working in the county it will be possible to see each child at least twice a week.

MARGARET EDWARDS, L.C.S.T.

Attendance at Speech Clinics, April, 1950—March, 1951

	Oldbury	Kidderminster	Bromsgrove	October, 1950 Worcester	Evesham— Persnore	October, 1950 Colley Gate, Cradley	Total
Cases attending 31st March, 1951	30	34	20	12	14	26	136
Discharged after satisfac- tory progress	5	4	10	2	4	2	27
Left School or District ...	0	2	2	1	1	1	7
Ceased attending	3	0	1	0	1	0	5
Total	38	40	33	15	20	29	175
Waiting list	72	100	91	20	30	138	451
Grand Total	148	180	157	50	70	216	801
Total number of treat- ments given	612	748	559	72	194	259	2,444

Types of Speech Defects in attendance at Clinics, March 31st, 1951.

			Articulation e.g. Lisp	Voice e.g. Dysphonia	Language e.g. Aphasia	Communication e.g. Stammering	Multiple e.g. Cleft Palate	Total
Oldbury	...	...	15	—	—	14	1	30
Kidderminster	...	...	12	1	2	14	5	34
Bromsgrove	...	...	8	—	2	9	1	20
Worcester	...	...	8	—	1	2	1	12
Evesham and Pershore	...	...	4	—	—	9	1	14
Cradley	...	...	14	—	—	10	2	26
Total			61	1	5	58	11	136

Speech Clinics

OLDBURY	at The Hollies, Joinings Bank	Four three hours sessions
BROMSGROVE	at The Clinic, Recreation Road	Three three hours sessions
CRADLEY	at Colley Gate Clinic	Three three hours sessions
KIDDERMINSTER	at Coventry Street Clinic	Four three hours sessions
WORCESTER	at County Buildings	Two three hour sessions
PERSHORE	} at Secondary Modern School at Avonside Clinic	One three hours session
EVESHAM		One three hours session

CHILD GUIDANCE SERVICE

Dr. J. J. Graham, Consultant Psychiatrist appointed by the Regional Hospital Board, has supplied the following:—

“ The year 1950 has seen the Clinics working to capacity. The team was completed in September by the appointment to the County Education Staff of Miss S. M. Crane, M.A., PH.D., as Educational Psychologist. We hope we shall be successful in the coming year in securing a second Psychiatric Social Worker; this should help in coping with our growing waiting list—a seemingly unavoidable concomitant of all established Child Guidance Services. The premises we have so far occupied in Worcester (which serves the City and southern part of the County) have not been very satisfactory; but at the time of writing (September 1951) we

are about to move into newly decorated and altered, and we think, much more satisfactory, premises made available to us by the City School Medical Authorities."

The following Tables show the position up to the 31st December 1950:—

Total number of children referred for treatment at a
Child Guidance Clinic up to the 31st Dec., 1950

Clinic			Male	Female	Total
Worcester	...	...	67	25	92
Kidderminster	...	...	45	15	60
Bromsgrove	...	...	24	7	31
Oldbury	...	...	29	11	40
Total			165	58	223

Total number of children given treatment at a
Child Guidance Clinic up to the 31st Dec., 1950

Clinic			Male	Female	Total
Worcester	...	...	54	16	70
Kidderminster	...	...	19	11	30
Bromsgrove	...	...	20	6	26
Oldbury	...	...	11	4	15
Total			104	37	141

SECONDARY SCHOOLS

(County Modern, Grammar and Technical)

Wherever possible, arrangements have been made for a lady assistant school medical officer to examine the girls in these schools. There has been a marked improvement in the provision of sanitary bins and towels for the older girls, and this is regarded as one of the major improvements in hygiene and health education.

NURSERY SCHOOLS

There is now only one nursery school in the county the other one having unfortunately to be closed because the premises were no longer available to the County Council. The death of Dr. E. E. Henderson who acted part-time as Assistant County Medical Officer has been a great loss to the school health service and in particular to the nursery school in which she took a special interest.

During the year there was nothing of special note in the health of the children attending the nursery school.

SCHEME OF ADMINISTRATION—BOROUGH OF OLDBURY AND
KIDDERMINSTER DIVISIONAL AREA

The report of the Divisional Medical Officer for the Kidderminster Area and the Borough Medical Officer for Oldbury are printed as appendices to this report.

NOTES FROM ANNUAL REPORTS OF ASSISTANT COUNTY
MEDICAL OFFICERS

Dr. F. S. Melville (Stourbridge Area)

There have been no changes in any of the school premises since last year's report.

Hill Street School is now much brighter for a coat of paint, but the Infants' Departments at Hill Street and Wollaston are still very crowded. However, it is hoped that the new Infants School at Norton will relieve this congestion when it is opened in 1951.

The school children in the Borough are on the whole very fit. There were very few cases of Scabies or Impetigo, and apart from a hard core in the case of one or two families, not many infested heads. An Assistant Nurse did the round of the 8-9 year olds examining their vision, and found a number requiring treatment by the School Oculist. I hope in the future to make the examination of this age group a routine.

The loss of the Physiotherapist, who resigned, was felt keenly, more so perhaps for the under 5's than the school children.

Dr. E. Patterson (Bromsgrove Rural and Redditch Area)

There is little of note to report upon for 1950. The general condition of the school children is good, although many of the older children would benefit by longer hours of sleep. The parents have attended the examinations very well, and are mostly very co-operative.

School meals are usually much appreciated, but a few parents complain of the cost. I gather that the dinners served in the Redditch schools are now much better quality than previously.

Dr. H. F. Green (Malvern and Upton-on-Severn Rural Area)

The most notable feature of the School Medical Inspections has been the large number of parents that attend. In the case of infants it has been unusual to have less than 15 parents attend for 20 children. In the case of children from the age of 8 to 11 it has been usual for about 12 parents to attend for every 20 children. In the case of children of school leaving age it appears that the children themselves object to the presence of the parents in most cases, so I do not often see more than 5 parents to every 20 school children. It is difficult to see how this problem can be overcome.

During the past year a relatively large number of cases of allergic rhinitis have been seen and the impression gained that this psycho-somatic disorder is becoming very much more common than it was in the past, even though many cases were probably missed before the disorder became fashionable. Some success has been obtained in the treatment of these cases by giving breathing exercises, using a "blow bottle." The difficulty of obtaining these fragile pieces of apparatus has restricted their use. About six children have been seen in whom a primary tuberculous infection was suspected but in whom Mantoux tests remained persistently negative. One feels that in these cases some factor at present eludes us, e.g. the presence of a primary benign mycosis of the respiratory tract.

In four cases, in collaboration with the private practitioners, nocturnal enuresis has been treated by amphetamine. The procedure is now standardised as follows:—The children attend with their parents and are subject to a full examination of the urogenital system. Any abnormality is treated. The child's mentality is then roughly assessed, mentally backward children being unsuitable for this form of treatment. Those who sleep heavily and show some repression of their emotions either by aggression or extreme timidity have usually responded to a dose of 5 milligrammes given at six in the evening. After initial investigation the children are seen by themselves and taught to manage their own sphincter control with the aid of an alarm clock. Of the four cases treated three have been cured and one is rapidly recovering. Approximately four other cases have been found unsuitable for this treatment. The co-operation of the private practitioners in all my school work has been particularly gratifying.

Dr. J. J. Murray, (Evesham and Pershore Area)

General Condition

In the main, a satisfactory standard obtained. This assessment is, of necessity, based to a large extent on subjective impressions, but history of freedom from troubles such as Rheumatism, Ear and Mastoid lesions, etc., a good attendance record, and some evidence of enjoyment in activity with a good architecture of body free from deformity—all assist in the effort to attain as good a degree of objective evaluation as possible. A fair number of over-weight children have been seen, particularly in the 11-15 age group, females seeming to predominate. Some of the grosser types, with absence of ancillary and pubic hair, coupled with prominent abdomen and slow mentality have been referred to a pædiatrician but no pituitary tumours, or any findings suggesting positive glandular dysfunction, have been reported. Often one is given a history of familial obesity and as has been noted before by other observers, many of these children over-eat. An attempt has been made in one or two cases to alter the diet and correct to some extent, the excessive carbo-hydrate consumption, but parental co-

operation though willing, has lacked continuity. It should be said, that a number have been referred to private practitioners with indeterminate results.

Tonsils and Adenoids

Pressure is frequently used by parents who are convinced that their removal will cure "colds," to which many children are subject, for the first few years at school. It has proved very difficult to convince them, that an operation would not help. A few persevering people have had the lymphoid tissue removed by sheer insistence, through other channels. Cases of ear lesions with or without loss of hearing are invariably referred to practitioners or specialists. Incidentally in my opinion (if I may comment), the presence at stated intervals, of an Ear, Nose and Throat Specialist at Evesham Hospital would be a boon to the District. After-treatment as recommended at Worcester is often not performed, and attendance at Evesham would I suggest, aid in achieving a satisfactory result in quite a number of cases by reason of better localised control.

Orthopædic Defects

The Sister visiting the schools, examining and advising on her own and referred cases, does extremely good work, but often the exercises she prescribes are only performed, for a short time. This premature discontinuance is all to the bad. Even when the shoes have been wedged, unless proper foot movements are done, results cannot be optimum. Although parents are told with emphasis of the desirability of long-term exercises, many either cannot or will not use the necessary discipline over the children. At the same time I have noticed over the past few years, a growing interest in the care of feet and of body posture. The price of shoes and shoe-repairs is mentioned by many parents as being a very difficult problem.

In this connection it might be said that from the examiner's point of view, a room of reasonable area is absolutely necessary for good observation. The child's walk and carriage must be seen at least twelve feet away, in a good light, making the detection of slight degrees of spinal curvature more certain. As well, twenty feet is necessary for sight and hearing tests. These conditions are not always obtainable.

General

Looking back over nine years in these areas, my impressions are of a splendid health standard for the majority. School meals are a milestone in nutrition, and interest in the child's health is at a high level among parents and teaching staffs. There are of course children—fortunately few in comparison—who do not appear to obtain a normal home care. In these, practically always, the parents are below par in mentality. There would seem also to be prevalent, nasal-catarrh with morning sneezing, quite an appre-

ciable amount of hay-fever, and cases of mild to moderate asthma. Whether this allergy has been fostered by the pollen which is general in a fruit-growing area, or whether it is inherent in the group is not certain, but cases of asthma, when resident in the Open Air School, Malvern, invariably do very well, though on return home, attacks tend to recur. This school, incidentally, has been of the utmost value particularly in bronchitis and asthma cases, and in that group known as "delicate." The children often wish to return as soon as possible, this often providing a clue as to their home relationships. The provision of new Council houses must be of benefit, markedly so, where the previous dwelling has been damp. Many parents have remarked on this factor. Recently, many efforts have been made to describe a healthy child, and some criticisms have appeared in the Medical Press deploring the "ballet-dancer" type with vivacious countenance, full of activity, being pictured as typical of well-being. My own view is, that when physical and mental exploration have revealed nothing abnormal—with a clean previous history of disease and a normal school record—the questioning of an intelligent parent is vital, and if a satisfactory reply is given to: "Have you now or in the past suffered anxiety about your child," one may feel at this movement of time, a healthy individual has been examined, and an "A" grading is justified.

WORCESTERSHIRE COUNTY COUNCIL

KIDDERMINSTER DIVISIONAL AREA

SCHOOL HEALTH SERVICE

REPORT

OF THE

School Medical Officer

FOR THE YEAR 1950

COLIN STARKIE,
Divisional Medical Officer

R. W. MARKHAM,
Deputy Divisional Medical Officer

Caldwell Hall, Kidderminster

WORCESTERSHIRE COUNTY COUNCIL
Annual Report of the Divisional Medical Officer
for the year 1950

KIDDERMINSTER DIVISIONAL AREA

Divisional Office: Caldwell Hall, Castle Road, Kidderminster.

DIVISIONAL COMMITTEE

County Council Representatives

Alderman K. D. Briggs, J.P. (Chairman)
 „ Sir A. C. T. Woodward
 „ H. Parkes
 Councillor Sir Hugh Chance
 „ S. T. Melsom
 „ E. A. Robinson
 „ J. G. Parker.

Kidderminster Borough

Councillor Mrs. F. Broadbent, J.P., B.A.
 „ W. P. Hill
 „ R. F. Lurring, M.B., B.Ch., B.A.O., B.A.

Bewdley Borough

Alderman R. B. Jackson
 Councillor Mrs. D. L. Lawrence

Stourport Urban District Council

Councillor Mrs. A. Pratt
 „ P. C. Hopcroft

Kidderminster Rural District Council

Councillor H. Doolittle
 „ A. Pardoe

Tenbury Rural District Council

Councillor Mrs. E. Evans
 The Rev. A. P. Randle

Co-opted Members

The Rev. N. Panter
 Mrs. J. L. Evans
 Mrs. G. S. Chadwick
 Mrs. T. H. Charles
 Mrs. D. M. Smith
 Mrs. I. C. Mount

STAFF

Divisional Medical Officer

Colin Starkie, M.D., Ch.B., M.R.C.S., L.R.C.P. B.Sc.

Deputy Divisional Medical Officer

R. W. Markham, B.A., M.B., B.C.H., D.P.H.

School Nurses

Miss A. Kean	...	Senior Health Visitor and School Nurse. Kidderminster Borough.
Miss E. A. Baird	...	Kidderminster Borough.
Miss M. M. McCarthy		School Nurse and Health Visitor. Kidderminster Borough.
Miss M. J. Thomas	...	School Nurse and Health Visitor. Kidderminster Borough.
Miss L. M. Coward	...	School Nurse and Health Visitor. Stourport Urban District.
District Nurses	...	Bewdley Borough.
District Nurses	...	Tenbury Rural District.
District Nurses	...	Kidderminster Rural District.

Clinical Assistant

Mrs. E. M. Roden ... Kidderminster Borough.

Clerical Staff

Miss M. French	...	Chief Clerk.
Miss E. M. Lane	...	Assistant Clerk.
Miss M. A. Harley-Pea		Assistant Clerk.
Miss J. M. Manson	...	Assistant Clerk.
Miss M. P. Warren	...	Assistant Clerk.

TO THE CHAIRMAN AND MEMBERS OF THE KIDDERMINSTER
DIVISIONAL AREA SUB-COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my second Annual Report upon the health of the Divisional School Children.

A close study of this report will disclose the variety and scope of the modern School Medical Services, and the reader will quickly realise that the aim of the service is three-fold, namely:—

- (a) To seek out and remedy ill health;
- (b) To discover the reason and cause of ill-health;
- (c) Most important of all, to prevent ill health in the school population and to promote a sense of fitness and well-being.

The work of the Department has progressed smoothly bringing the above principles to bear on the 9,479 children in the Division.

The work has been made much easier by the completion of the alterations at the Coventry Street Clinic which was brought into use during the year (see also page 43).

There is however, one very serious deficiency in the present scheme, and that is due to the failure of the School Dental Service. This is discussed more fully on page 49.

I wish to record my full appreciation and thanks to the members of the Divisional Committee and to my Staff, and to all who have interested themselves in, and helped to improve, the health of the school children in the Division.

Yours obediently,

COLIN STARKIE,

Divisional Medical Officer.

Caldwell Hall,
Kidderminster.

I. HEALTH EDUCATION

A very important function of the School Health Service is education in the healthy way of living. This has been carried out constantly by the medical staff, and in addition, students from Shenstone Training College have visited the School Clinics to study at first hand the problems of the school medical service.

II. COVENTRY STREET CLINIC, KIDDERMINSTER

On April 20th the School Clinic was held for the first time in the Coventry Street Clinic. It was very pleasurable to work in newly decorated, well lighted and airy premises, especially after being for so long in the very unsatisfactory Prospect Lane building

A very successful opening ceremony was held on June 10th. Alderman Ferguson, Mayor of Kidderminster, presided. Alderman Briggs, Chairman of the Kidderminster Divisional Committee, officially opened the Clinic. Dr. Parker, County Medical Officer; Dr. Lurring, Chairman of the Kidderminster Borough Health Committee; and Captain Lomas, County Architect, all spoke.

Many who were interested in the Public Health Service attended the ceremony and were served with refreshments while they inspected the premises.

The premises are in good use every day of the week, except Sunday.

III. PERIODIC AND OTHER MEDICAL INSPECTIONS

There were approximately 4,000 children examined during the year, a figure which closely approximates that of last year.

There were 478 individual pupils found to require treatment, the chief defects found being in the Skin, Vision, Orthopædic, Nose and Throat groups.

IV. GENERAL CONDITION OF THE SCHOOL CHILDREN

These are classified into "Good," "Fair" and "Poor" groups.

The children classified as "Good" made up 44.4% of those examined.

Those classified as "Fair" made up 54.9% and 0.7% were classified as poor.

There is some difference between the figures of 1949 and 1950 in groups "Good" and "Fair," but it is likely that this has no significance other than that normally expected when dealing in small numbers with such ill-defined conditions.

On the whole, the general condition of the school children is very satisfactory.

V. DEFECTIVE VISION, ETC.

There were more Ophthalmic Sessions in 1950 than in the previous years. Spectacles were prescribed for 264 children, and were obtained in 256 instances during the year.

VI. FOOT AND FOOTWEAR SURVEY

From November 1949 to September 1950, Mrs. Johnson, Orthopædic Sister, made a survey of the feet and footwear of 1,000 school children in both urban and rural areas of this Division.

The survey shows that in 719 children there was some abnormality or defect to report, and that in 236, or just over a quarter of those examined the footwear was found to be defective.

Several reasons are given to account for children wearing badly fitting shoes, to which should be added the custom of keeping a new pair of shoes for "best wear" until they are much too small, and with adolescent girls particularly, the awakening consciousness of "fashion" which demands small, elegant, but often unserviceable shoes.

There is some doubt as to what degree of knock knee, and valgus ankle, may be regarded as within normal range of development, but it is obvious that until more is known of the ill-effects of these conditions throughout life, we must keep minor degrees of knock knee and valgus ankle under observation, and treat the more advanced cases by exercises and surgical appliances.

An improvement in children's footwear will only come about when:—

- (a) Parents understand and realise children's requirements in footwear;
- (b) Manufacturers produce more varied lengths and widths in children's and young persons' shoes.
- (c) Salesmen insist on the right size and type of footwear being supplied to children;
- (d) Children's footwear is of such a price that frequent changes are possible as the children's feet grow.

Report by Mrs. K. J. Johnson on a Foot and Footwear Survey of 1,000 unselected school children in the Kidderminster Divisional Area

	Infants (200)	Age 7-11 years (300)	Age 11-15 years (500)	Total (1000)
Small Shoes ...	53	66	58	177
Large Shoes ...	2	—	3	5
Poor Footwear ...	3	11	6	20
Short Hose ...	5	8	21	34
Knock Knees ...	30	22	15	67
Valgus Ankles ...	30	60	49	139
Hallux Valgus ...	1	7	72	80
Pes Planus ...	1	2	10	13
Deformed 5th Toes ...	6	5	31	42
Corns ...	3	3	8	14
Overlapping Toes ...	13	14	20	47
Exostosis ...	5	3	5	13
Webbing of Toes ...	2	—	1	3
Dirty Feet ...	4	10	8	22
Deformed Nails ...	2	—	7	9
Hammer Toes ...	—	6	28	34
Claw Toes ...	—	11	6	17
Pes Cavus ...	—	1	2	3

“The terms Hallux Valgus and Knock Knees include all degrees of these deformities from the very slight to those requiring treatment from an Orthopædic Surgeon.

The foregoing table gives an ‘at a glance’ result of examinations carried out for a Foot and Footwear Survey on a thousand children between the ages of 5 and 15 years.

The high number of children wearing shoes which are too short is fairly consistent in all ages and appears to be due to the following factors:—

- (a) Parents omitting to take children for fittings when buying their footwear.
- (b) Failure of shop assistants to measure children’s feet.
- (c) Public ignorance of the fact that there is no standard last of sizes. Thus footwear quoted size 5 by one manufacturer may be quoted sizes 4 or 6 by another. Also variations in widths seem to be non-existent in cheaper footwear.
- (d) The purchasing of expensive footwear which, in children, is outgrown long before the leather is worn out.

It is a sobering thought that these factors are responsible for more than a third of the defects listed in the Survey.

Of the 20 children wearing generally irreparable footwear, genuine cases of poverty have been dealt with through various Charities.

The figures quoted for children wearing too short hose must be regarded as approximate, as many examinations for the Survey were undertaken during the summer months, when the wearing of hose was dispensed with.

The high proportion of children suffering from Knock Knees and Valgus Ankles, particularly in the 5-7 group is very disturbing.

These deformities were not found in any particular section or class, nor were they confined to the heavier type of child. These children require special shoe raisings and to be effective the raisings must be maintained until the deformity is corrected. The high cost of shoe repairs plus the extra cost of the raisings over a period of many months, often results in the parents failing to maintain the raisings. Thus the desired result cannot be achieved.

While one naturally hesitates to increase the already overburdened clinics, it should be borne in mind that, if the parents cannot afford these alterations to footwear, a child can be referred to an Orthopædic Clinic, where, if the Surgeon confirms the necessity for alterations, the cost will be covered by the National Health Scheme.

The majority of children suffering from Hallux Valgus are among the older age group. This may well be due to 'handing down' shoes during the era of clothing coupons.

Throughout the Survey, where the opinion of an Orthopædic Surgeon has been considered necessary, immediate arrangements have been made for the child to attend an Orthopædic Clinic.

Whilst these high figures of defects are disturbing I am confident that with the co-operation of parents and visiting nurses they can, and will be drastically reduced.

I should like to thank all teaching staffs for their interest and unfailing help without which the Survey would have been a rather formidable task." (Kathleen J. Johnson, Orthopædic Sister).

VI. ANTERIOR POLIOMYELITIS

There were 11 cases of Anterior Poliomyelitis in the Division, of which 5 were children of school age. The cases occurred in the months of June, July, August and September, and during that time operations for tonsils and adenoids were suspended, as were all immunisations.

VII. MOBILE X-RAY UNIT SURVEY

The Midland Regional Hospital Board's Mobile X-Ray Unit visited Kidderminster and Stourport during September, October and November.

Six hundred and ninety-four children in the 'leaver' group, (i.e. 14 years onwards), were examined for signs of active tuberculosis. The results were negative in every case.

VIII. SPEECH THERAPY

Since the new clinic opened at Coventry Street, there have been four sessions weekly of Speech Therapy given by Miss M. Edwards and Miss J. M. Allen.

This important work is summarised in the following table:—

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Sep.	Oct.	Nov.	Dec.
No. of children attending ...	25	25	25	22	22	22	22	27	28	34	35
(1) Stammerers ...	14	14	14	14	12	12	12	13	13	17	18
(2) Speech Defects ...	6	6	6	5	5	5	5	12	12	14	14
(3) Voice Defects...	1	1	1	1	1	1	1	1	1	1	1
(4) Others ...	4	4	4	4	4	4	4	1	2	2	2
No. of absences ...	14	9	20	9	19	12	12	20	23	13	31
No. of children discharged ...	...	...	3	...	...	...	1	...	...	...	2
No. of children admitted ...	1	1	...	2	...	...	...	6	1	6	1
No. of children ceased attending ...	...	...	2	...	...	...	...	...	...	...	...
No. of parents interviewed ...	1	1	...	2	...	...	2	7	3	10	4
No. of home visits ...	...	2	...	2	1	...	...	...	...	...	...
No. of school visits...	2	2	...	...	...	2	...	...	...	...	1
Total No. of treatments ...	57	87	74	35	73	75	68	57	74	114	58
No. of whole day sessions ...	3	4	4	2	5	4	4	4	4	8	6
No. of half day sessions ...	3	3	4	2	4	5	4	4	5	...	...

IX. TENBURY C.E. SCHOOL

At this school two single storey buildings have been erected on the new school site, which is well situated overlooking the Bromyard Road. These buildings, which are self-contained with good cloakroom and washing accommodation, have now been in full occupation for over a year, and have proved a great asset, both in relieving overcrowding and improving working conditions. The second building is divided into woodwork and domestic science rooms,—a great contrast to the inadequate provisions originally made for these practical subjects.

X. IMMUNISATION

The numbers of school children immunised for the first time or given re-inforcing doses are shown by the district in the table below:—

		Immunised for first time. Age 5-14	Booster Doses
Bewdley			
Jan. — June	...	1	12
Jul. — Dec.	...	—	2
Tenbury R. D.			
Jan. — June	...	8	52
Jul. — Dec.	...	4	28
Stourport U.D.			
Jan. — June	...	7	32
Jul. — Dec.	...	0	29
Kidderminster R.D.			
Jan. — June	...	7	49
Jul. — Dec.	...	8	52
Kidderminster B.			
Jan. — June	...	47	60
Jul. — Dec.	...	25	192

It was most unfortunate that immunisation had to be suspended during the months of July, August, September, and October, when poliomyelitis was epidemic owing to the fear that any form of intra muscular injection might activate a latent infection. This suspension proved a definite set back in the campaign to ensure that all children are immunised or re-immunised on entering school.

The misguided and often erroneous publicity given to this subject by some of the national daily newspapers has discouraged all those parents who were 'wavering.' Every effort has been made to explain the position clearly to the parents, but there has been a definite fall in the numbers accepting.

XI. THE SCHOOL DENTAL SERVICE

It is with much concern that the total collapse of the School Dental Service in this District is noted. For many years, until the inception of the National Health Service Act, the School Dental Service had been built up laboriously, and often under adverse conditions, to become a strong service carrying out very excellent and very necessary preventive work for the community.

The position during 1950, is that there are two new dental surgeries, one at Kidderminster and one at Stourbridge fully equipped, but very rarely used because of lack of Dental Officers.

The majority of school children in this Division have not had a dental inspection for three years, and if this state of things continues, the training in oral hygiene and the desire for dental soundness, instilled by years of hard work by School Dental Staffs, will be lost.

Obviously, it is unsound to concentrate on remedying dental defects in adults and at the same time neglect preventive measures in children. Perhaps a time will come when the public will realise that even in dentistry, "Prevention is still better than cure."

XII. CHILDREN AND YOUNG PERSONS ACT, 1933.

EMPLOYMENT OF CHILDREN

19 girls were examined prior to their appearing in pantomime.

49 children were examined prior to their employment in the delivery of newspapers.

XIII. HEAD LICE IN SCHOOLS

It is with regret that the position with regard to head lice in school children remains almost as bad as it was in 1949, and this in spite of strenuous efforts by the school medical service to improve the position.

641 children in a total of 9,479 were found to be infected to some degree.

Over 100 of these children were found to be harbouring lice on four separate occasions. Leaflets, cleansing insecticides, hygienic steel combs, advice and assistance are all available at the school clinics. Hygiene inspections are carried out at each school at least once per term, and in addition, known cases of infestation are followed up at much more frequent intervals. Talks are given and explanations made to parents on every suitable occasion. In time the results of all this work will be more apparent, but until the public decide that louse infestation shall not be tolerated, there will still be the necessity for continued and even greater effort on the part of the school medical staff.

XIV. VERRUCÆ PEDIS

There were 120 cases of this contagious wart found on the children's feet, in the majority of cases in senior scholars. When School Nurses carry out the routine hygiene inspections, they now examine the feet as well as the hair, and any child with Verrucæ is referred to the School Medical Officer. If the diagnosis is confirmed by the School Medical Officer, the child is advised to obtain treatment, and to report back at the end of the treatment.

Until the Verrucæ are cured the child should not go about barefoot, and should not exchange footwear with any other child.

In order to lessen the risk of spreading Verrucæ, a number of recommendations were made in 1949. The only addition to these measures has been a recommendation to carry out all school activities with the feet covered, until the schools are free from Verrucæ. In practice this means that gym., games and dancing should be carried out wearing gym. shoes and not with the feet bare and exposed to infection.

XV. OPEN AIR SCHOOL—MALVERN

In the Divisional Area 17 children were recommended for the Open Air School on account of the following conditions:—

Debility	...	...	...	6
Asthma	...	...	...	3
Bronchitis	...	...	...	4
Chronic Catarrh	...	...		1
Corneal Ulcers	...	...		1
Recommended by T.B. Officer				2

Of these recommendations 9 children were admitted plus 3 recommended in 1949.

XVI. ROTARY BOYS HOME, WESTON-SUPER-MARE

Through the generosity of the Kidderminster Rotary Club, 22 boys were given a two weeks' holiday at the Rotary Club Boys' Home, Weston-super-Mare. These boys are all from homes which could not afford to give their children a holiday, and in many cases, this was the first time that the boys had seen the sea.

XVII. HANDICAPPED CHILDREN

The position with regard to handicapped children in the Division is shown in the table below:—

Defect		No. of children on handicapped Register		Position, December, 1950
E.S.N.	...	45	...	3 in special schools. 21 requiring places in special schools 21 requiring special education in ordinary schools
Mal-adjusted	...	2	...	2 in special schools.
Partially Deaf	...	5	...	3 in special schools. 2 requiring places in special schools.
Partially Blind	...	3	...	2 in special schools. 1 attending independent school under special arrangements made by Authority.
Physically Handicapped	...	13	...	4 in special schools 1 attending independent school under special arrangements made by the Authority. 5 awaiting vacancies in special schools. 1 attending ordinary school. 2 not recommended for special schools.
Epileptic	...	1	...	To continue attending ordinary school.
Delicate Children	...	1	...	To continue attending ordinary school.
Mental Defectives				
Notified prior to 1950	...	6	...	} 10 admitted to Lea Colony.
Notified during 1950	...	5	...	

XVIII. PSYCHIATRIC CLINIC

The following table gives details of children attending the Kidderminster Clinic:—

Cases referred by	1-5 yrs.		5-11 yrs.		11-over		Total
	M.	F.	M.	F.	M.	F.	
General Practitioners...	—	—	4	—	4	3	11
Asst. School Medical Officers	—	3	6	2	13
Specialists	—	—	1	—	1
Director of Education	—	—	1	—	2
Juvenile Courts	—	—	—	1	1
Children's Officer	—	2	—	1	3
Probation Officers	—	—	1	—	5
Head Teachers	—	—	1	—	2
Speech Therapist	—	—	1	—	1
Total	—	3	14	4	39

SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA

Number on Books for the Quarter—December, 1950:—

Borough

<i>Grammar Schools</i>				Number on Books
Kidderminster High	...	...	...	434
King Charles I	...	...	...	333
				<hr/>
Total				767
				<hr/>

County Modern Schools

Harry Cheshire Boys	...	...	...	606
Harry Cheshire Girls'	...	...	...	512
Sladen Secondary	...	...	...	477
				<hr/>
Total				1,595
				<hr/>

Primary Schools

Lea Street Mixed	...	...	...	209
Lea Street Infants'	...	...	...	144
Bennett Street Junior	...	...	...	259
Bennett Street Infants	...	...	...	166
Foley Park	...	...	...	401
St. Mary's Junior	...	...	...	281
St. Mary's Infants'	...	...	...	133
St. George's Mixed	...	...	...	235
St. George's Infants'	...	...	...	142
Hoobrook	...	...	...	10
St. John's Boys	...	...	...	146
St. John's Girls'	...	...	...	152
St. John's Infants'	...	...	...	116
Broadwaters	...	...	...	37
New Meeting	...	...	...	210
Birchen Coppice	...	...	...	261
Franché	...	...	...	93
St. Ambrose's Mixed	...	...	...	339
St. Ambrose's Infants'	...	...	...	96
				<hr/>
Total				3,430
				<hr/>

*Rural**Primary Schools*

Chaddesley Corbett Mixed ...	...	...	52
Chaddesley Corbett Infants'	...	...	22
Trimpley ...	...	...	21
Stone ...	...	...	91
Churchill ...	...	...	26
Upper Arley ...	...	...	70
Wolverley ...	...	...	163
Cookley ...	...	...	150
Blakedown ...	...	...	57
Far Forest ...	...	...	105
Heightington ...	...	...	29
Rock ...	...	...	21
Areley Kings ...	...	...	189
Bayton ...	...	...	47
Bewdley C.E. ...	...	...	296
Bockleton ...	...	...	35
Eastham and Hanley ...	...	...	48
Knighton-on-Teme ...	...	...	36
Lindridge ...	...	...	65
Pensax ...	...	...	60
Stoke Bliss and Kyre ...	...	...	38
Stourport County Modern ...	...	...	493
Stourport Junior Boys' ...	...	...	279
Stourport Junior Girls' ...	...	...	249
Stourport Infants' ...	...	...	163
Tenbury Infants' ...	...	...	87
Tenbury Mixed ...	...	...	297
Upper Mitton ...	...	...	67
Wilden All Saints ...	...	...	100
Wribbenhall C.P. ...	...	...	188
Wribbenhall C.E. ...	...	...	143
Total			2,880

SUMMARY

Kidderminster Borough ...	5,792
Kidderminster Rural ...	807
Other Districts ...	2,880
Total	
...	9,479

APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER
FOR THE YEAR ENDED 31ST DECEMBER, 1950.

STATISTICAL TABLES

Table I.

Medical Inspection of Pupils attending maintained primary and secondary schools

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—

Entrants	...	...	...	...	...	1,028
Second Age Group	...	...	...	...	...	772
Third Age Group	...	...	...	...	...	641
Total						2,441
Number of other Periodic Inspections	...	...	...	...	...	249
Grand Total						2,690

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	721
Number of Re-Inspections	...	...	...	...	597
Total					1,318

C.—PUPILS FOUND TO REQUIRE TREATMENT

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	8	132	140
Second Age Group	55	91	142
Third Age Group	62	98	158
Total (prescribed groups)	125	321	440
Other Periodic Inspections	9	30	38
Grand Total	134	351	478

Table II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS
IN THE YEAR ENDED 31st DECEMBER, 1950

Defects or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of defects		No. of defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin	48	3	173	....
Eyes— <i>a.</i> Vision	134	67	47	1
<i>b.</i> Squint	20	10	4	....
<i>c.</i> Other	18	1	17	....
Ears— <i>a.</i> Hearing	2	10	10	3
<i>b.</i> Otitis Media....	7	1	3	....
<i>c.</i> Other	8	5	8	....
Nose and Throat	55	146	32	11
Speech	10	16	9	....
Cervical Glands	3	71	7	....
Heart and Circulation	2	23	6	....
Lungs	11	40	17	1
Developmental—				
<i>a.</i> Hernia	2	4	....	....
<i>b.</i> Other	3	2	1	2
Orthopædic—				
<i>a.</i> Posture	29	6	4	2
<i>b.</i> Flat Foot	24	9	8	2
<i>c.</i> Other	64	40	47	3
Nervous system—				
<i>a.</i> Epilepsy	1	....	1	....
<i>b.</i> Other	8	13	17	4
Psychological—				
<i>a.</i> Development....	2	9	27	6
<i>b.</i> Stability ....	....	....	4	....
Other	51	63	66	3

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A—(Good)		B—(Fair)		C—(Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
1	2	3	4	5	6	7	8
Entrants ...	1028	466	45.5	556	54.1	6	.6
Second Age Group	772	364	47.2	403	52.2	5	.6
Third Age Group	641	268	41.8	367	57.3	6	.9
Other Periodic Inspections ...	249	97	39.0	150	60.2	2	.8
Total ...	2690	1195	44.4	1476	54.9	19	.7

Table III.

INFESTATION WITH VERMIN

- (i) Total number of examinations in the Schools by the School Nurse or other authorised persons ... 40,798
- (ii) Total number of individual pupils found to be infested ... 641
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944) Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944) Nil

Table IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS

GROUP I.—DISEASES OF THE SKIN (excluding uncleanness
for which see Table III.)

				Number of cases treated or under treatment during the year	
				by the Authority	otherwise
Ringworm— (i) Scalp	...	...	...	—	—
	(ii) Body	...	...	8	8
Scabies	...	...	...	10	3
Impetigo	...	...	...	26	1
Other skin diseases	...	...	...	16	174
Total				60	186

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

				Number of cases dealt with	
				by the Authority	otherwise
External and other excluding errors of refraction and squint	...	...	...	23	10
Errors of Refraction (including squint)	...	...	...	343	23
Total				366	33
Number of pupils for whom spectacles were					
(a) Prescribed	...	...	...	241	23
(b) Obtained	...	...	...	233	23

GROUP VII.—OTHER TREATMENT GIVEN

				Number of cases treated	
				by the authority	otherwise
Miscellaneous minor ailments	...	...	...	410	—



BOROUGH OF OLDBURY

ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1950.

Borough School Medical Officer:

EUGENE V. CONNOLLY, M.B., B.Ch., B.A.O., D.P.H., L.M.,
D.C.H.

Midland Printing Co., Simpson Street, Oldbury.

BOROUGH OF OLDBURY

OLDBURY COMMITTEE FOR EDUCATION.

Representative Members:

ALDERMEN:

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 J. F. GOODE, C.C., *Vice-Chairman*.
 J. W. HOLLAND.
 S. T. MELSOM, J.P., C.A.
 H. H. ROBBINS, C.A.
 G. W. ROSE, J.P.

COUNCILLORS:

J. D. BEARD, C.C.	W. HOLLYOAKE.
MISS W. GALLAGHER.	MRS. E. PINE.
MRS. M. E. GARRATT, J.P.	A. E. ROBERTS.
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MRS. E. M. J. GUNN, J.P.	MRS. R. STARKIE.
W. HAYES, C.C.	F. W. THOMPSON.

Nominated Members:

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 MRS. E. M. GOODE, C.C.
 MR. F. H. GROVE, C.C.
 MR. G. A. SOUTHALL, C.C.

Appointed Members:

MR. D. A. BANNISTER.
 MRS. D. M. HOLLYOAKE.
 MR. G. H. MERCER, J.P.
 MR. F. WESTON.

SCHOOL ATTENDANCE AND CHILDREN'S CARE SUB-COMMITTEE.

COUNCILLOR MRS. M. E. GARRATT, J.P., *Chairman*.

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 H. H. ROBBINS, C.A.

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A. GUNN.	MRS. R. SMALLWOOD, J.P.
MRS. E. M. J. GUNN, J.P.	MRS. R. STARKIE.
W. HOLLYOAKE.	

Nominated Members:

MRS. E. M. GOODE, C.C.

MR. F. H. GROVE, C.C.

Appointed Members:

MR. D. A. BANNISTER.

MRS. D. M. HOLLYOAKE.

STAFF:**School Medical Officer:**EUGENE V. CONNOLLY, M.B., B.Ch., B.A.O., D.P.H., L.M.,
D.C.H.**Deputy School Medical Officer:**

J. MACLACHLAN, M.B., Ch.B., D.P.H.

(Resigned 31-8-50)

Assistant School Medical Officer:

PEARL E. FREEMAN, M.B., Ch.B.

Ophthalmic Surgeon:

JANE PARKER SMITH, M.B., Ch.B., D.O.M.S.

(Resigned 31-3-50)

Dental Surgeon:

HAROLD NORDAN, L.D.S., R.C.S. (Eng.), L.D.S. (U.Leeds).

(Part-time)

Senior School Nurse:

MISS D. N. EDWARDS.

School Nurses:

MISS H. STANSFIELD.

MISS B. LAMB.

MISS A. L. GADD.

MISS G. N. DAWSON.

(Resigned 30-4-50)

MISS H. L. GAUNT.

MISS E. M. L. FREESTONE.

(Commenced 1-5-50)

Chief Clerk:

S. ASTLEY.

Senior Clerk:

T. K. BOSTON.

Clerks:

MISS A. E. SMITH.

MISS J. SMALLWOOD.

MRS. S. M. WESTWOOD

MISS T. GARNER.

(Part-time)

(Resigned 30-4-50)

MISS E. A. MORGAN.

MISS O. COX.

BOROUGH OF OLDBURY

To the Chairman and Members of the Oldbury Committee for Education.

Mr. Chairman, Ladies and Gentlemen,

I have the privilege to present my Report of the work of the School Medical Service for the year 1950.

Despite changes in the Medical Staff towards the latter end of the year, the work has been well maintained and the results, judging by the health of the school population in the Borough, are on the whole satisfactory. The standard of nutrition has been consistent with previous years in spite of the fact that 42% of our total calories are now derived from potatoes and grain as against 34% pre-war. The consumption of milk has, however, increased while that of meat has substantially decreased. The re-distribution of food to the probable advantage of the poorer classes accounts in no small measure for the maintenance of the present satisfactory standard of nutrition. It might, however, be added that better methods for the clinical assessment of nutrition are needed.

It is pleasing to record that a marked reduction in the incidence of plantar warts was noticeable during the year. Most of the cases which occurred were treated at the clinics, and the general advice given seems to have paid dividends. Children infected were warned not to go about the school barefoot or exchange footwear; they were also advised against showers until cured. All cases were re-examined after an interval of approximately six months and no recurrences were discovered. Unsuitable footwear continues to be worn by many children, and the frequency of corns and minor foot deformities as a result is to be deplored especially in such a young age group.

The number of educationally sub-normal children referred for assessment shows no signs of abating. Further accommodation was made available during the year in Lea Colony, Bromsgrove, but the need for still more places, occupation centres and special schools is still great. The chances of admitting a child to a special school at present are negligible, with the result that the children concerned have no other source of education than the ordinary school which is of little advantage to themselves and to the detriment of other pupils. Training facilities for the young higher grade defectives are practically non-existent, as the difficulty of finding suitable premises for conversion to occupation centres is very real. The prospect of curing these unfortunate children is nil, but they can often be greatly improved when training starts at an age as early as two to three years. The fact that something is being done would be of great relief to the mothers of these children. Home teaching, owing to the high cost, does not seem to be a feasible solution.

In connection with Infectious Diseases the marked diminution in the notification of measles is welcome. Whooping cough and scarlet fever cases increased slightly, while diphtheria, for the first time in the history of the Borough, did not claim any victims in the school population. This gives ample proof of the value of immunisation. Now that the immunisation campaign against diphtheria has achieved such success one would welcome the introduction of B.C.G. vaccination against Tuberculosis where appropriate for school children, especially for all leavers in their last year. Poliomyelitis again reached epidemic proportions throughout the country and, unfortunately, 11 of our children were affected, 5 of whom have made a complete recovery and 6 are still attending hospital for treatment. The prevention of this disease still baffles us as it does not seem to present the usual factors in its spread. The incidence appears to be highest where the opportunities for dissemination are least and where a good level of hygiene is being maintained, and it appears to have a diminished prevalence in the overcrowded home.

The posture of a large proportion of our school children is very poor and there appears to be room for more preventive and corrective work in the schools themselves. Only the more serious cases should be sent to clinics and hospitals. Parents should understand the purpose of these exercises and ensure that they are regularly performed by the children in the home.

The advent of the National Health Service Act and its effect on the School Medical Service has been a subject for discussion by various authorities during the year. Since all important treatment is carried out by the Regional Hospital Board we are left with minor ailment clinics, dental service, child guidance and speech therapy, and there is at present a tendency towards the School Medical Service being administered and absorbed by the National Health Service. This would appear to be a retrograde step as the School Medical Service has set a high standard to date and has been an important service to the community for a number of years. Many children are now referred direct to hospital without the knowledge of the Health Department, and there is room for improvement in co-operation between the hospitals and education authorities for the exchange of information, especially where further treatment is required. On the whole, however, co-operation between this Authority and the hospitals concerned is satisfactory. The school dental service has been crippled by the Act and we now rely on a part-time dentist who commenced on the 9th October, 1950, for four sessions per week, and the co-operation of some of the local dentists in place of two full-time dentists who were on the staff in 1948. With regard to the ophthalmic service, we still have no indication as to whether a child has received his glasses. We endeavoured to overcome this difficulty by supplying a stamped addressed card when the child's eyes were examined at the school clinic so that the parent could post and intimate when the glasses were received. This arrangement works fairly well but many cards are never returned. The position could be rectified by

the provision of extra space on the Form O.S.C. 2 in the form of a detachable slip which could be filled in by the local authority when the child is examined and returned to them again by the Ophthalmic Services Committee when the child has received his glasses.

All we can hope for at present is that the School Medical Service is not further interfered with and that these difficulties will be ironed out in due course.

In conclusion I would like to express my sincere thanks to the Chairman and Members of the Education Committee for their assistance and support, to the Education Officer, Teachers and colleagues for their co-operation and to my Medical and Clerical Staff who have given me such excellent and very loyal co-operation throughout the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

EUGENE V. CONNOLLY,

School Medical Officer.

Greenwood Avenue, Langley,
Oldbury.

April, 1951.

SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1950	No. on Roll at 31-12-50	Accom- modation in each Dept.
Oldbury Grammar	553	567	530
Oldbury Technical	133	136	120
Albright Secondary Modern Boys' ...	420	457	480
Albright Secondary Modern Girls' ...	437	450	480
Bristnall Hall Secondary Modern Boys'	462	503	520
Bristnall Hall Secondary Modern Girls'	477	512	480
St. Michael's C. of E. Secondary Modern	298	319	320
Bleakhouse Primary Junior Mixed ...	283	272	320
Brandhall Primary Infant and Junior	393	371	350
Castle Road Primary Infant & Junior	379	377	390
Church of England Primary Infants'	104	89	120
Good Shepherd C. of E. Primary Junior Mixed	229	220	240
Moat Farm Primary Boys'	298	322	320
Moat Farm Primary Girls'	304	319	320
Moat Farm Primary Infants'	397	334	320
Rood End Primary Junior Mixed ...	427	438	385
Rood End Primary Infants'	294	273	280
Rounds Green Primary Junior Mixed	437	462	480
Rounds Green Primary Infants' ...	283	249	270
St. Francis Xavier's R.C. Infant, Junior and Senior	202	200	200
St. Hubert's R.C. Infant and Junior...	174	183	160
Titford Road Primary Boys'	294	301	280
Titford Road Primary Girls'	275	292	280
Titford Road Primary Infants' ...	372	300	320
Warley Primary Infants'	232	217	270
Totals ...	8,157	8,163	8,235

PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:—

	1947	1948	1949	1950
Entrants (5 years) ...	661	858	888	784
2nd Age Group (9 years)	797	731	726	674
3rd Age Group (13 years)	640	610	683	698
Other Periodic (11 years, 15 years)...	662	644	844	822
Specials ...	38	173	145	217
Nursery Classes ...	141	130	94	72
Pre-School ...	664	551	617	486
	<hr/>	<hr/>	<hr/>	<hr/>
	3,603	3,697	3,997	3,753
	<hr/>	<hr/>	<hr/>	<hr/>

Of the 72 children examined at Nursery Inspections and 486 Pre-School children the following defects were referred for treatment:—

			Nursery Classes	Pre-School
Skin defects ...	...	...	1	3
Eye defects ...	...	...	—	20
Ear defects ...	...	...	1	4
Nose and Throat ...	...	...	12	27
Speech ...	...	...	—	—
Cervical glands ...	...	...	2	9
Heart and circulation ...	...	...	—	—
Lungs ...	...	...	—	9
Developmental ...	...	...	—	5
Orthopædic ...	...	...	8	29
Nervous system ...	...	...	—	—
Psychological ...	...	...	—	—
Other defects ...	...	...	—	1
			<hr/>	<hr/>
	Totals ...		24	107
			<hr/>	<hr/>

In addition 2,588 defects from previous inspections were re-examined and 214 were referred for treatment.

4,690 re-inspections were carried out as follows:—

	No. of Children Re-Inspected
Re-inspection of Defects	2,588
Attendances at Ear, Nose and Throat Clinics ...	303
Attendances at Orthopædic Clinics	122
Attendances at Investigation Clinics	127
Edgmond Hall Camp School (F.F.I. examinations)	594
Malvern Open-Air School	42
Weston-super-Mare Rotary Boys' Home ...	38
Employment of Children	86
Mental Tests and Examinations	40
Re-inspections at Ophthalmic Clinics	368
Re-inspections at Minor Ailment Clinics ...	382
Total ...	4,690

Nutrition.

Table II at the end of this report gives a classification of the nutritional state of children inspected at Periodic Medical Inspections during the year.

Through the courtesy of the Education Officer I am informed that a total of 627,719 meals were served in school during the year and of this number 45,839 meals were served free of charge. Almost one-half of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,312,469 bottles of milk were supplied. All children now receive their school milk free of charge and this milk adds an additional 14% approximately, of first-class protein to the child's diet.

Children in the Nursery Classes continued to be supplied with Cod Liver Oil and Orange Juice and, where necessary, iron tablets.

MINOR AILMENTS AND DISEASES OF THE SKIN.

The total number of children examined at the Minor Ailment Clinics by the doctor during the year was 1,013.

The numbers of children treated for minor ailments at the three clinics are as follows:—

Clinic	No. of Children	No. of Attendances for treatment
Warley	652	1,394
Langley	310	960
Oldbury	338	1,536
	1,300	3,890

Defects Treated			Oldbury	Langley	Warley	Total
Ringworm	...	...	3	6	2	11
Impetigo	...	...	4	8	9	21
Scabies	...	...	—	3	—	3
Other Skin Diseases	...	...	82	39	84	205
Blepharitis	...	...	8	5	8	21
Conjunctivitis	...	...	13	14	26	53
Other Eye Conditions	...	...	13	24	57	94
Otorrhœa	...	...	13	12	9	34
Other Ear Defects	...	...	10	26	17	53
Minor Injuries, Sores, etc.	...	...	92	63	178	333
Miscellaneous	...	...	100	110	262	472
Totals			338	310	652	1,300

Scabies.

It is pleasing to record the marked reduction in the number of cases of Scabies. This condition which, during the war and immediately after, was a major problem, is decreasing rapidly.

TREATMENT OF DEFECTIVE VISION AND SQUINT.

During the year 632 attendances were made at the Clinic for examination by the Ophthalmic Consultant. 467 cases were seen for errors of refraction, spectacles were prescribed in 298 cases and in 213 cases the spectacles were reported to have been obtained.

39 cases were referred to the Birmingham Eye Hospital and West Bromwich and District General Hospital; 33 cases were recommended for fusion training.

EAR, NOSE AND THROAT DEFECTS.

At the Ear, Nose and Throat Clinic, 108 children made 303 attendances at 27 sessions.

13 children attended at the Hallam Hospital, West Bromwich, for the removal of Tonsils and Adenoids under the Committee's scheme. 70 children were referred to hospital for other forms of treatment.

ORTHOPÆDIC AND POSTURAL DEFECTS.

21 sessions were held at the Council's Orthopædic Clinic at the Hollies, Joinings Bank, Langley, during the year. 12 children made 122 attendances.

19 cases received in-patient treatment at Hospitals during the year.

These figures do not include cases of bone Tuberculosis which are cared for under the County Council's Tuberculosis scheme.

3 crippled boys continued whole-time attendance at the Heritage Craft School, Chailey, Sussex.

INVESTIGATION CLINIC.

This Clinic is held on Saturday mornings. Arrangements are made for special cases to attend by appointment at the Clinic, so that the Medical Officer shall have a better opportunity of investigating the case than he has at any other session during the week.

During the year 34 sessions were held. 36 children attended on 127 occasions.

SUN-RAY CLINIC.

By courtesy of Messrs. Accles & Pollock the School Medical Department has had an Ultra-Violet Ray Department at its disposal in addition to the two lamps provided by the Committee for Education, and 614 children made 8,644 attendances at 179 sessions.

UNCLEANLINESS.

On an average three visits were made to each school during the year.

The total number of children examined was 25,023, of whom 1,205 were found to have nits in the hair and 32 were found to have numerous nits or vermin.

It was not necessary to take proceedings against any family.

HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 1,189 visits to children's homes during the year. These visits were for the purpose of following up defects found at medical inspections, uncleanliness and infectious disease.

JUVENILE OFFENDERS.

It was reported to the appropriate Sub-Committee during the year that 49 children attending Oldbury Schools had to appear before the Courts as Juvenile Offenders.

INFECTIOUS DISEASES.

Notifications of Infectious Disease received during the year for children between the age of 5 and 15 years, together with the Comparison Figures for last year are given below:—

				Cases		Hospital	
				1949	1950	1949	1950
Whooping Cough	...	...	...	30	51	—	—
Measles	...	...	...	318	106	4	—
Diphtheria	...	...	...	6	—	6	—
Scarlet Fever	...	...	...	81	91	8	10
Food Poisoning	...	...	...	2	—	1	—
Para-Typhoid	...	...	...	—	1	—	1
Erysipelas	...	...	...	—	1	—	1
Dysentery	...	...	...	1	—	—	—
Pneumonia	...	...	...	11	—	4	—
Acute Poliomyelitis—Paralytic	...	...	...	—	8	—	7
„ „ Non-Paralytic	...	...	...	—	3	—	3
Pulmonary Tuberculosis	...	...	...	6	—	—	—
Non-Pulmonary Tuberculosis	...	...	...	2	—	—	—

WHOOPING COUGH.

51 cases were notified during the year. The prevention or modification of the disease is now practicable and the simultaneous immunisation against whooping cough and diphtheria can be performed, though the results are not quite as certain as those in connection with diphtheria immunisation.

MEASLES.

The number of cases notified shows a decrease of 212 on the previous year. The only certain way of avoiding infection is to avoid exposure to infection and that for the urban child is practically an impossibility.

DIPHTHERIA.

The number of school-children immunised during the year was 69. Of the estimated school population in Oldbury 89.92% had been immunised at the 31st December, 1950. The value of immunisation is beyond doubt and it is to parents that we appeal for an even greater improvement in our immunisation figures.

EXCLUSION OF CHILDREN.

The total number of exclusions issued by the School Medical Department was 373.

122 children were excluded as a result of having infectious disease; 154 for verminous heads and 97 for minor ailments,

CAMP SCHOOL.

Full use continues to be made of the arrangements for senior children to attend for fortnightly periods at Edgmond Hall Camp School. The total number of children examined for admission to the school during the year was 594.

OPEN-AIR SCHOOL.

In 1950 the County Education Committee was able to place at the disposal of Oldbury school-children 42 places at the Open-Air School, Malvern. A total of 42 children were sent, 21 were girls and 21 boys. The waiting list for places in the Open-Air School justifies additional accommodation being made available.

ROTARY BOYS' HOME, WESTON-SUPER-MARE.

By courtesy of the Rotary Club of Oldbury it has been possible to obtain accommodation in the Rotary Boys' Home at Weston-super-Mare for selected candidates to spend two weeks each by the seaside. In collaboration with the Heads of the Boys' Schools, 38 pupils went to the Home during the year.

EDUCATIONALLY SUB-NORMAL CHILDREN.

40 Intelligence Tests were carried out during the year; 3 cases were notified to the Mental Deficiency Act Committee, 9 recommended for a special School, 22 recommended for accommodation in special classes in an ordinary school and 6 recommended for education in an ordinary school.

REPORT OF THE SPEECH THERAPIST.

The Speech Clinic was held at Rounds Green Clinic until September, 1950, when, owing to the appointment of an Assistant Speech Therapist, further accommodation was necessary, and it was transferred to the "Hollies" Clinic, Joinings Bank, Langley. As a large percentage of the children live in the Langley and Warley districts this has proved to be much more successful and attendance which until the Summer term was bad, has consequently improved. It was also possible to double the number of children on the clinic register but the waiting list is still large and the figures given in the table do not indicate the true number of speech defective children but show the number of children referred as a result of school medical inspections and visits to the schools by the Speech Therapists. Owing to pressure of work however, it has not been possible as yet to visit all the schools and there is no doubt that a considerable number of speech defective children are not on the waiting list.

In all cases Staff of schools have been most co-operative both in helping the children and ensuring that they leave in good time to attend the clinic and in fact several teachers have visited the clinic on Monday afternoons to observe treatment. This was considered a good plan as it helped them towards a better understanding of the particular difficulties of a speech defective child. Unfortunately, co-operation in some of the homes is not as good and it is a very difficult task indeed to help the child to achieve fluency of language unless the parents co-operate wholeheartedly with the Speech Therapist.

So far the number discharged from the clinic has been small but it is not surprising in view of the fact that treatment often extends over a period of two years.

(Signed) MARGARET EDWARDS, L.C.S.T.,

County Speech Therapist.

SUMMARY OF THE FINDINGS OF THE OPHTHALMIC SURGEON FOR THE YEAR ENDED 31st DEC., 1950.

Defects found in new cases:—

Errors of Refraction—

Simple Hypermetropia	...	...	...	28
Hypermetropic Astigmatism—				
Simple	...	...	...	23
Compound	...	...	...	37
Simple Myopia	...	...	...	56
Myopic Astigmatism—				
Simple	...	...	...	11
Compound	...	...	...	10
Mixed Astigmatism	...	...	...	6
Amblyopia	...	...	...	8
Anisometropia	...	...	...	6

Squint—

Convergent	...	...	...	30
Divergent	...	...	...	1

Inflammatory conditions, etc.—

Ptosis	...	...	...	1
Conjunctivitis	...	...	...	2
Corneal Ulcer	...	...	...	1
Dislocation of Lens	...	...	...	4
Corneal Nebula	...	...	...	2
Nystagmus	...	...	...	1
Epiphora	...	...	...	1
Nothing abnormal discovered	...	...	...	47

TABLE I.

Medical Inspection of Pupils attending maintained
Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups:—

Entrants	...	...	...	...	784
Second Age Group	...	...	...	...	674
Third Age Group	...	...	...	...	698
					—
Total				...	2,156
					—
Number of other periodic inspections				...	822
					—
Grand Total				...	2,978
					—

B. OTHER INSPECTIONS.

Number of special inspections	...	...	...	1,112
Number of re-inspections	...	...	...	4,690
				<hr/>
		Total	...	5,802

C. PUPILS FOUND TO REQUIRE TREATMENT.

GROUP	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants ...	5	186	189
2nd Age Group	48	94	140
3rd Age Group	48	112	152
Total ...	101	392	481
Other periodic Inspections ...	35	118	152
Grand Total ...	136	510	633

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	31	18	4	1
5	Eyes— a. Vision	136	110	8	8
	b. Squint	51	7	5	2
	c. Other	11	14	—	1
6	Ears— a. Hearing	—	3	—	2
	b. Otitis Media	7	2	2	—
	c. Other	8	5	1	1
7	Nose or Throat	129	206	13	11
8	Speech	11	6	—	—
9	Cervical Glands	38	128	1	8
10	Heart and Circulation	3	24	—	3
11	Lungs	22	26	1	3
12	Developmental—				
	a. Hernia	6	4	—	—
	b. Other	7	17	1	3
13	Orthopaedic—				
	a. Posture	38	11	1	1
	b. Flat foot	117	33	7	2
	c. Other	54	26	1	—
14	Nervous System—				
	a. Epilepsy	—	1	1	—
	b. Other	4	7	—	—
15	Psychological—				
	a. Development	2	7	—	—
	b. Stability	—	—	—	1
16	Other	16	19	3	2
	TOTALS	691	674	49	49

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED.

Age Groups	No. of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
		(3)	(4)	(5)	(6)	(7)	(8)
Entrants	784	510	65.05	258	32.91	16	2.04
2nd Age Group	674	318	47.18	332	49.25	24	3.56
3rd Age Group	698	395	56.59	273	39.11	30	4.30
Other periodic inspections....	822	469	57.06	321	39.05	32	3.89
TOTAL	2,978	1,692	56.82	1,184	39.76	102	3.42

TABLE III.
INFESTATION WITH VERMIN.

1.	Total number of examinations in the schools by the School Nurses or other authorised persons	...	25,023
2.	Number of individual children found infected	...	1,237
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	... ..	146
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	... ..	46

TABLE IV.
TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(including Special Schools)

				Number of cases treated, under treatment or dealt with during the year	
				By the Authority	Otherwise
Group 1—Diseases of the Skin					
Ringworm—	(i) Scalp	...	...	7	—
	(ii) Body	...	...	14	—
Scabies	...	...	...	3	—
Impetigo	...	...	...	11	—
Other skin diseases	...	...	...	205	5
Total				240	5
Group 2—Eye Diseases, Defective Vision and Squint					
External and other, excluding errors of refraction and squint				...	12
Errors of Refraction (including squint)				...	25
Total				397	37
No. of pupils for whom spectacles were					
(a) Prescribed				298	—
(b) Obtained				213	—
Group 3—Diseases and Defects of Ear, Nose and Throat					
Received operative treatment					
(a) for diseases of the ear				—	4
(b) for adenoids and chronic tonsillitis				—	13
(c) for other nose and throat conditions				—	2
Received other forms of treatment...				87	—
Total				87	19

Group 4—Orthopædic & Postural Defects

(a) No. treated as in-patients in hospitals	...	...	19	
			By the Authority	Otherwise
(b) No. treated otherwise, e.g., in clinics or out-patient depts.			—	1

Number of cases treated
By the Authority Otherwise

Group 5—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics	3	Nil
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Group 6—Speech Therapy

Number of pupils treated by Speech Therapists	40	Nil
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TABLE V.**DENTAL INSPECTION AND TREATMENT.**

(1) Number of children inspected by the Dentist—

(a) Periodic age-groups—

Age ...	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
No.	...	...	2	26	48	45	57	117	18	...	7	...	...	...	...	320

(b) Specials ... 71

(c) Total (Routine and Specials) ... 391

(2) Number found to require treatment ... 216

(3) Number referred for treatment ... 215

(4) Number actually treated ... 190

(5) Attendances made by children for treatment ... 269

(6) Half-days devoted to—

Inspection ... 3

Treatment ... 21

Total ... 24

(7)	Fillings—				
	Permanent Teeth ...	...	...	...	110
	Temporary Teeth ...	...	...	...	—
			Total	...	110
(8)	Number of Teeth Filled—				
	Permanent Teeth ...	...	...	...	102
	Temporary Teeth ...	...	...	...	—
			Total	...	102
(9)	Extractions—				
	Permanent Teeth ...	...	...	...	36
	Temporary Teeth ...	...	...	...	293
			Total	...	329
(10)	Administration of general anæsthetics for extractions				41
	Administration of local anæsthetics for extractions...				102
(11)	Other operations—				
	Permanent Teeth	7
	Temporary Teeth	4
			Total	...	11

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